1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10977 10946

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH

COUNTY: Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Bethesda Rural

LENGTH OF STAY (in this place): 10 min

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: Maryland — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore

STREET ADDRESS (If rural give location): 1612 Wanerly Way

3 Vol 1-4

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Melven (Last) ALLEN

4. DATE OF DEATH (Month) November (Day) 27 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	3-20-10	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Doctor	USPHS	Iowa	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert N. ALLEN	Emma MELUEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Unknown	Wife Mrs. Ruth M. ALLEN Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Inst. Admin

ANTECEDENT CAUSE(S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work [ ] Not while at work [ ]	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Nov, 1955, to 27 Nov, 1955, that I last saw the deceased alive on 27 Nov, 1955, and that death occurred at 12:50P, from the causes and on the date stated above.

SIGNATURE	ADDRESS (Street, city, town, state)	DATE SIGNED
C. J. MC GREW LTJG, MC, USN M.D.	U. S. Naval Hospital, NNMC, Bethesda, Maryland	

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	30 Nov 1955	Columbia Gardens Cemetery	Arlington, Virginia

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 28 Nov 1955	Mary E. Farrelly	Ives Funeral Home	2847 Wilson Boulevard, Arlington, Va.

10978

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 10917

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 8 M.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 106 Northbrook La.

3. NAME OF DECEASED: (First) Samuel (Middle) E (Last) Andrews
4. DATE OF DEATH (Month) NOV (Day) 12 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 11-23-1903
9. AGE last birthday: 51 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Electrical engineer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mass
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herbert T Andrews
14. MOTHER'S MAIDEN NAME: Helen Everett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 577-05-0132
17. INFORMANT & ADDRESS: Mystic S Andrews (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (592)	(a) Cerebral hemorrhage DUE TO	6 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertension DUE TO	2 yrs
	(c) Chronic nephritis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Barnhart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-12-55

23. BURIAL, CREMATION, REMOVAL (Specify): Transit-Burial
DATE THEREOF 11-14-55
NAME OF CEMETERY OR CREMATORY Essex Cemetery
LOCATION (City, town, or county) (State) Essex Co. Mass.

DATE REC'D BY LOCAL REG. 11/12/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR R.A. Pumphreys ADDRESS Beth. Md

VS. A15A - 5 - 53

10948

MARYLAND

STATE DEPARTMETT OF HEALT

10979

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH COUNTY Montgomery MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Silver Spring LENGTH OF STAY (in this place) 2 yrs 5 months HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedarcroft Sanitarium	2. USUAL RESIDENCE (HOME) OF DECEASED STATE D.C. COUNTY Washington CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS (If rural, give location) 5409 - 39th St. N.W.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Betty	Rothenburg	Aronson		Nov	15	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hr: Hours	Min.
Fe	White	Widow	Feb 22 1871	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laundress	—	Estonia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joel Rothenberg	Hannah Levitter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No			Cedar Croft — Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Lobar pneumonia	2 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Cerebr	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arterio-sclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb 17, 1954 to Nov 16, 1955, that I last saw the deceased alive on Nov 14, 1955, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

for the pneumonia began Nov 13 at 1955 - D Nov 16 - 1955

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Alvin I. Kistler	M.D.	Cedar Croft Sanitarium Silver Spring Md	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Transit Burial	11-16-55	Washington Cemetery	Brooklyn N.Y.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-18-55	Frances Potter	B Wanyansky & Son	3501-14th St NW

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10949

10980

CERTIFICATE OF DEATH

Reg. Dist. No. 3-16

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Leonard 04x-2
STREET ADDRESS (If rural give location) Calvert Beach ✓

3. NAME OF DECEASED: (First) Blanch (Middle) Mary (Last) Arthur

4. DATE OF DEATH: (Month) Nov. (Day) 22, (Year) 19 55

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 18, 1892

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10B. KIND OF BUSINESS OR INDUSTRY: Bur. of Engraving

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Cross

14. MOTHER'S MAIDEN NAME: Mary Forsythe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

464X

IMMEDIATE CAUSE (A) Pulmonary embolism right and — 6 hours

ANTECEDENT CAUSE (S) DUE TO left pulmonary arteries

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Phlebothrombosis right femoral — 6 hours

DUE TO vein

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Multiple myeloma — 3 mon

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 19 55 to Nov. 22, 19 55 that I last saw the deceased alive on Nov. 22, 1955, and that death occurred at 10 30 P M, from the causes and on the date stated above.

SIGNATURE Lester M. Cramer M. D. ADDRESS The Clinical Center, NIH, Bethesda, Md. DATE SIGNED 11/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-25-55 | NAME OF CEMETERY OR CREMATORY Arlington National Cemetary | LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR 11-25-55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR & ADDRESS S. N. Hines Co. 2901 14th St N.W. Washington D.C.

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10943 **CERTIFICATE OF DEATH** 10950

Reg. Dist. No. 220

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 7219 Spruce Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park 17
STREET ADDRESS (If rural give location) 7219 Spruce Ave 1

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) S. (Last) Atler

4. DATE OF DEATH: (Month) Nov. (Day) 30, (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 30, 1897.
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10B. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Annanias A. Sellers
14. MOTHER'S MAIDEN NAME: Beatrice Stubbs.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No. —
17. INFORMANT & ADDRESS: Henry D. Atler, 7219 Spruce Ave., Takoma Park, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157x

IMMEDIATE CAUSE (A) Carcinoma of Pancreas

ANTECEDENT CAUSE (S) DUE TO (B) with Metastases to Liver. — 6 Mo.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Sept, 1955, to 30 Nov, 1955, that I last saw the deceased alive on 29 Nov, 1955, and that death occurred at 9 P M, from the causes and on the date stated above.

SIGNATURE G B Lullen M.D. ADDRESS 7112 Willow Ave Takoma Park Md. DATE SIGNED 30 Nov 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Dec. 3-1955
NAME OF CEMETERY OR CREMATORY: Beulah Cemetery
LOCATION (City, town, or county) (State): New Britain, Bucks Co, Pa.

DATE REC'D BY LOCAL REGISTRAR: Dec 1st 1955
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: [signature]
ADDRESS: 254 Carroll St N.W. Takoma Park 12, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10951

10981 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase X
STREET ADDRESS (If rural give location) 4801 Chevy Chase Dr.

3. NAME OF DECEASED: (First) Herbert (Middle) Reuben (Last) Averill

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Feb. 27, 1870 | 9. AGE last birthday: 85 yrs. | IF UNDER 1 YEAR: Months 8 Days 29 | IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Treasury
11. BIRTHPLACE (State or foreign country): MAINE
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NO
17. INFORMANT & ADDRESS: Mrs. Bee Averill, 4801 Chevy Chase Dr. Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

610X IMMEDIATE CAUSE (A) uremia acute — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) pyelonephritis bilateral — 6 years

DUE TO (C) prostatic hypertrophy — 7 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 19 55, to Nov., 19 55, that I last saw the deceased alive on Nov. 26, 1955, and that death occurred at 10:25 P.M., from the causes and on the date stated above.

SIGNATURE L. D. Norman M.D. ADDRESS 10 16 Hampton DATE SIGNED 11/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation | DATE THEREOF 11-28-55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Prince Georges Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR 11/28/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert A. Dunphey | ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10952

10982 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place) 90 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN High Shoals 70X-3
STREET ADDRESS (If rural give location) Box 204

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Barthwell (Last) Belue

4. DATE OF DEATH: (Month) Nov. (Day) 1, (Year) 1955

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 5, 1904

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Loom Fixer

10b. KIND OF BUSINESS OR INDUSTRY: Textile Plant

11. BIRTHPLACE (State or foreign country): South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Barner Belue

14. MOTHER'S MAIDEN NAME: Annie Gallman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Not available.

17. INFORMANT & ADDRESS: The Medical Record, Clinical Center

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) Myocardial infarction - old + recent

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) chronic passive congestion of liver +
DUE TO (c) spleen. Pulmonary edema

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) done (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 3, 1955, to Nov. 1, 1955, that I last saw the deceased alive on Nov. 1, 1955, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm. M. Hadley M.D.
ADDRESS The Clinical Center, NIH, Bethesda, Md.
DATE SIGNED 11/1/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/4/55
NAME OF CEMETERY OR CREMATORY High Shoals Cem.
LOCATION (City, town, or county) Lincolnton, N.C. (State)

DATE REC'D BY LOCAL REGISTRAR 11/4/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
26. FUNERAL DIRECTOR Robert A. Jungsberg
ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10953

10933 CERTIFICATE OF DEATH Reg. Dist. No. 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Cabin John
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 7800 MacArthur Boulevard

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John X
STREET ADDRESS (If rural give location) 7800 MacArthur Boulevard

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) E (Last) BENSON

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Dec. 16, 1871

9. AGE last birthday 83 yrs. IF UNDER 1 YEAR Months 11 Days 10 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10B. KIND OF BUSINESS OR INDUSTRY: Merchant

11. BIRTHPLACE (State or foreign country): Montg. Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ?? Benson

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Benson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: J. Elmer Benson- Baltimore, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: ½ hour

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C) Arteriosclerosis - myocarditis — 5 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0 none

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 57 19, to Nov. 26, 1955 that I last saw the deceased alive on Nov. 26, 1955, and that death occurred at 6 50 A.M., from the causes and on the date stated above.

SIGNATURE Wm A. Smithwick M. D. ADDRESS Rockville, Md. DATE SIGNED 11/26/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/29/1955 — NAME OF CEMETERY OR CREMATORY Monocacy — LOCATION (City, town, or county) (State) Beallsville Maryland

DATE REC'D BY LOCAL REGISTRAR 11/28/55 — REGISTRAR'S SIGNATURE Bessie M. Thompson — 24. FUNERAL DIRECTOR Roberts & Pumphrey — ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10954

10984 CERTIFICATE OF DEATH Reg. Dist. No. 218

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Neelsville -Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD #1 Germantown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Neelsville -Rural
STREET ADDRESS (If rural give location) RFD #1 Germantown

3. NAME OF DECEASED: (First) Mary (Middle) Alice (Last) Benson

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 27, 1873

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 4 Days 5 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Washington, DC

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herbert P. Pillsbury

14. MOTHER'S MAIDEN NAME: ? Moran

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Ralph Benson-5506 Green Tree Rd. Bethesda Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — 12 HOURS

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) ARTERIAL SCLEROSIS — 10 YEARS
DUE TO (C) ARTERIAL HYPERTENSION — 10 YEARS

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 24, 1955, to Oct 29, 1955, that I last saw the deceased alive on Oct 29, 1955, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

SIGNATURE Gordon Rawlings M.D. ADDRESS Rockville, Md. DATE SIGNED Nov 4, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11-6-55 — NAME OF CEMETERY OR CREMATORY Neelsville Ch.Cem. — LOCATION (City, town, or county) Montgomery Co. (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov 3, 1955 — REGISTRAR'S SIGNATURE Edward L Cook — FUNERAL DIRECTOR Robert A. Pumphrey — ADDRESS Bethesda, Md.

Dr. Frank J. Broschart notified and approved.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10955

Items 8, 9, 11 file C189 10985

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH: 11-25-55 L
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural-Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RFD - Rockville

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Rockville
STREET ADDRESS (If rural give location) RFD - Rockville

3. NAME OF DECEASED: (First) TEMPERANCE (Middle) M. (Last) BENSON

4. DATE OF DEATH: (Month) Nov. (Day) 10, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Aug. 19, ~~1895~~ 1896	60 59 yrs.	2	21		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
W. H. McCrossin	? Case

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		None	James W. Benson, Jr. Gaithersburg, Md RFD

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Myocardial failure	10 min.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) coronary occlusion	15 min
	DUE TO (C) Coronary arteriosclerosis	2 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1/, 1955, to 11/10/, 1955, that I last saw the deceased alive on 11/6/, 1955, and that death occurred at 10:30 M, from the causes and on the date stated above.

SIGNATURE Stephen N. Jones M.D. ADDRESS M.D. Rockville Md DATE SIGNED 11/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-	11-14-55	Monocacy	Beallsville, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/14/55	Lamell H. Kraybop	Robert A. Humphreys	Bethesda, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

10944

Item 22 Film Grey 11-16-55 ams

10956

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (in this place) 2½ days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanv Hosp. ~~6708 Westmoreland, Ave.~~

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park

STREET ADDRESS (If rural, give location) 6702 Westmoreland Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LENORE	MABEL	Bollman	NOV	5	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	white	married	4-9-1887	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Hswf		Mich.	USA.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John C. Parker	Alice Potter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		Hosp Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

971.3

Immediate cause — (a) Acute Cardiac Failure — DUE TO — Interval Between Onset and Death: 10 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Lysol poisoning — DUE TO — 2½ days

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
		Taken by mouth by error

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bouchart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-5-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov. 8 1955	George Washington Cemetery	Prince George Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 6 1955	J. Milton Dodd	J. Arthur Walters	254 Carroll St NW DC

10986

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10957 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Silver Spring (rural)
LENGTH OF STAY (in this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kemp Mill Rd.

2. USUAL RESIDENCE (HOME) OF DEACEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring (Rural X
STREET ADDRESS (If rural give location) Kemp Mill Rd

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Samuel (Last) Bateler

4. DATE OF DEATH (Month) Nov (Day) 26 (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 29 1909

9. AGE last birthday: 46 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Bulldozer Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Geo W. Bateler

14. MOTHER'S MAIDEN NAME: Maria Fernwald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: 218-24-1196

17. INFORMANT & ADDRESS: Mildred Bateler (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion — DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Brockhurst M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-26-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-29-55
NAME OF CEMETERY OR CREMATORY Fort Lincoln Cem.
LOCATION (City, town, or county) (State) 3201 Bladensburg Rd. N.E

DATE REC'D BY LOCAL REG. Nov 28/55
REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 5801 Cleveland Ave Riverdale Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

10987

10958
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
LENGTH OF STAY (in this place): 21 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9112 GLENRIDGE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: MONTGOMERY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: SILVER SPRING
STREET ADDRESS (If rural, give location): 9112 GLENRIDGE ROAD

3. NAME OF DECEASED (Type or Print): (First) DeROY (Middle) (Last) BRAUNBERG

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	MARRIED	March 16, 1896	59 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Consultant-Bd.	of Appeals, Vet. Adm.	Pennsylvania	U.S.A.

13. FATHER'S NAME: Maximilian Braunberg

14. MOTHER'S MAIDEN NAME: Regina Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Rita C. Braunberg, 9112 Glenridge Road Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a)	Coronary occlusion	Found dead in bed
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO		
	(c) DUE TO		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermincd cause ☐.

SIGNATURE: Irwin J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED: 11-6-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/9/55	St. John's Cemetery	Montgomery County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-8-55	Frances Potter	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

10959

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10988 **CERTIFICATE OF DEATH**

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kensington
STREET ADDRESS (If rural give location) 3907 Hampden Street X 1

3. NAME OF DECEASED: (Type or Print) (First) Thomas (Middle) Irving (Last) BRISCOE

4. DATE OF DEATH: (Month) November (Day) 27 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 2-25-03

9. AGE last birthday 52 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Foreman

10B. KIND OF BUSINESS OR INDUSTRY: Contruction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charles BRISCOE

14. MOTHER'S MAIDEN NAME: Geta STRAUGHN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife Mrs. Mae F. BRISCOE Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

600.0

IMMEDIATE CAUSE (A) Uremic acidosis — INTERVAL BETWEEN ONSET AND DEATH: one month

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic Pyelonephritis — unknown

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Nov, 19 55 to 27 Nov, 1955, that I last saw the deceased alive on 27 Nov 19 55 and that death occurred at 6:15P M, from the causes and on the date stated above.

SIGNATURE Samuel S. Yurick — ADDRESS — DATE SIGNED

B. S. YURICK LTJG, MC, USNR U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1 Dec 1955

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 28 Nov 1955

REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR — ADDRESS

Snowden Funeral Home Rockville, Maryland

10989 Items 7,12 Filmed 11-28-55 et

10960 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 40 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural, give location) 1212 Holbrook St. NE.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) William (Last) Brown

4. DATE OF DEATH (Month) Nov (Day) 17 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Negro	Widowed	Sept. 19 1919	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Construction Wk	Rochester N.Y.	U.S.A.

13. FATHER'S NAME: James Brown

14. MOTHER'S MAIDEN NAME: Bertha Boggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Irma C. Lee - Common law wife address above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

981X

Immediate cause (a) Cerebral hemorrhage & laceration

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) bullet wound in skull

DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY Public School	21c. (City or town) (County) (State) Silver Spring Monty Md
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-17-55 - 5:45 P M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR? Shot or several gunshots by athletic director

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE Frank J Broccard M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-17-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	11-21-55	Lees Funeral Home	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/21/55	Bessie M. Thompson	Hall Bros.	621 Fla. Ave, NW.

Hall Bros
621 - 7th ave D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10961

10945 CERTIFICATE OF DEATH Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Vienna
STREET ADDRESS (If rural give location) Windover Convalescent Home

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Herbert (Last) Burdine
4. DATE OF DEATH: (Month) Nov (Day) 15 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 5-28-1870
9. AGE last birthday 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner
10B. KIND OF BUSINESS OR INDUSTRY: Gardening
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Edson Burding
14. MOTHER'S MAIDEN NAME: Jane Dixon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Washington Sanitarium Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 420.0
(A) Arteriosclerotic Heart Disease — 20 yrs.

ANTECEDENT CAUSE (S)
DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Paralytic Ileus — 8 Days

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-14, 1955, to 11-15, 1955, that I last saw the deceased alive on 11-14, 1955, and that death occurred at 6:28 A. M, from the causes and on the date stated above.
SIGNATURE James H. Duffack M.D. ADDRESS Takoma Park, 12 md. DATE SIGNED 11-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 11-15-55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REGISTRAR NOV 15 1955
REGISTRAR'S SIGNATURE J. Arthur Odell
24. FUNERAL DIRECTOR ADDRESS
Forest Funeral Home
By F. Edwin Gutstein acting for

10990

10962 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3550 Raymoor Rd.

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Lloyd (Last) Burton

4. DATE OF DEATH (Month) Nov. (Day) 4 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 27, 1917	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Jeweler	Jewelry	Tipton, Indiana	U.S.

13. FATHER'S NAME: Gomer O. Burton

14. MOTHER'S MAIDEN NAME: Fannie May Gough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Yes WW II	UNKNOWN	Wife - Alice W. Burton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
976X Immediate cause	(a) Shock	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) bullet wound in lower left chest penetrating	
	DUE TO (c) lung, liver and spine	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
11-2-55	Penetrating wound of left lung + liver	Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	home	Kensington	Mont'y	Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
11-2-55 7 A M.		Self inflicted bullet wound

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☑, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bozzuto M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☑
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-4-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-transit	11/5/1955	East Union	Indianapolis Indiana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/9/55	Bessie M. Thompson	Roberts A. Pumphrey	Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10963

10991

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9810 Ga. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Somerset
STREET ADDRESS (If rural give location) 4818 Essex Avenue

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) M. (Last) CARRICK

4. DATE OF DEATH: (Month) NOV. (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12/8/81

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress- Coat & Towel Linen Supply Service

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William W. Woollen

14. MOTHER'S MAIDEN NAME: Alice Harten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-05-2539-A

17. INFORMANT & ADDRESS: Mr. Wm. E. Stewart, 4818 Essex Ave. Somerset, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) CORONARY THROMBOSIS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) HYPERTENSIVE HEART DISEASE DUE TO

(C) ESSENTIAL HYPERTENSION

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SENILITY

19A. DATE OF OPERATION: NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 29, 1949, to NOV. 17, 1955, that I last saw the deceased alive on NOV. 17, 1955, and that death occurred at 12:20 PM, from the causes and on the date stated above.

SIGNATURE Henry Lowden M. D. ADDRESS 5206 Norway Pl. Chevy Chase, Md. DATE SIGNED 11/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/19/55

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov 22/55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner & Dumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

10972

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10964 Reg. Dist. 4

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville

LENGTH OF STAY (in this place) 1 week

HOSPITAL OR INSTITUTION OR STREET ADDRESS 346 Howard Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Virginia COUNTY Smith

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Marion

STREET ADDRESS (If rural, give location) 83X 3

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) JANE (Last) CATRON

4. DATE OF DEATH (Month) Nov. (Day) 17, (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Oct. 23, 1868	87 yrs.	0	24		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Unknown	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Lee Bennett	Margaret Olinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	Laura C. Seabold-Seabrook, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — DUE TO — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Boscherait M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-17-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-19-55	Ft. Lincoln	Prince George Co.-Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/21/55	Laurel F. Traylor	Robert A. Crumpton	Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10992 **CERTIFICATE OF DEATH**

10965

Reg. Dist. No. 217

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 1 yr 9 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 SHARON CHRONIC HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 8118 Hartford Ave. 56 1

3. NAME OF DECEASED: (Type or Print) (First) Wilbur (Middle) F (Last) Cissel

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-25-1874

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent

10B. KIND OF BUSINESS OR INDUSTRY: Park Planning Comm.

11. BIRTHPLACE (State or foreign country): Howard Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wilbur F. Cissel

14. MOTHER'S MAIDEN NAME: Clara E. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: H. Harder Cissel Colesville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.20.1

IMMEDIATE CAUSE (A) Coronary Thrombosis + Infarct — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Gen. Arteriosclerosis + — 10 yrs

DUE TO (C) Senility + Cerebral arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19, 1955 to 11-3, 1955, that I last saw the deceased alive on 11-3, 1955, and that death occurred at 8:45 P M, from the causes and on the date stated above.

SIGNATURE John Barclay Ziegler M. D. ADDRESS Olney, Md DATE SIGNED 3 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/6/55

NAME OF CEMETERY OR CREMATORY Colesville Cemetery

LOCATION (City, town, or county) (State) Colesville, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-3-55

REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10966

10993 CERTIFICATE OF DEATH Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9112 2nd Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 9112 2nd Ave.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) C. (Last) Cole

4. DATE OF DEATH: (Month) Nov (Day) 11 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 11/1/71

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Carpenter Shop

10B. KIND OF BUSINESS OR INDUSTRY: C.&P. Telephone Co.

11. BIRTHPLACE (State or foreign country): Oswego, New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ira E. Cole

14. MOTHER'S MAIDEN NAME: Henrietta A. Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mrs. Elizabeth W. Cole, 9112 2nd Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Heart block — INTERVAL BETWEEN ONSET AND DEATH: 7 mo.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arterio-sclerotic Heart Disease — 5 yrs

(C) Generalized arteriosclerosis — 15 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3, 1955 to Nov 11, 1955 that I last saw the deceased alive on Nov 10, 1955, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE Rhasel Harrington M. D. ADDRESS 4201 New Hampshire Ave. DATE SIGNED 11/12/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/14/55

NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR Nov 15 55

REGISTRAR'S SIGNATURE Frances Tolles

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10967

10946 CERTIFICATE OF DEATH

Reg. Dist. No. 7-23

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery | MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park | LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS 99 Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fairland
STREET ADDRESS (If rural give location) Robey Road

3. NAME OF DECEASED: (Type or Print) (First) Darlene (Middle) June (Last) Connick

4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single | 8. DATE OF BIRTH: MAY 22 1955

9. AGE last birthday yrs. | IF UNDER 1 YEAR Months 5 Days 29 | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — | 10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: Durwood B. Connick

14. MOTHER'S MAIDEN NAME: Lorraine Charlotte Case

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Hospital Records - Father of child

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

IMMEDIATE CAUSE (A) Congenital Heart Defect

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Congenital Deformities, Multiple

19A. DATE OF OPERATION: 0 | 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/22, 1955, to 11/20, 1955, that I last saw the deceased alive on 11/14, 1955, and that death occurred at 8:35 A.M., from the causes and on the date stated above.

SIGNATURE Donald Harding M. D. | ADDRESS 113 Carroll St NW | DATE SIGNED 11/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 22 1955 | NAME OF CEMETERY OR CREMATORY Geo Wash Memorial Pk | LOCATION (City, town, or county) (State) Fairfax Co Va

DATE REC'D BY LOCAL REGISTRAR Nov. 20-1955 | REGISTRAR'S SIGNATURE T. Milton Dodd | 24. FUNERAL DIRECTOR Martin W Hysong Co | ADDRESS Wash D C

Dr Brochart, Coroner, notified and will approve

Dean H Harding

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10968

10973 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville RURAL LENGTH OF STAY (in this place) 26
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Seven Lock Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville 26
STREET ADDRESS (If rural give location) Seven Lock Rd.

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Mathews (Last) Crawford

4. DATE OF DEATH: (Month) November (Day) 12 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Fem.	Colored	Married	May 29/1901	54 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Basil Matthews
14. MOTHER'S MAIDEN NAME: Mollie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S ADDRESS: Edmonston Crawford - Rockville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442X IMMEDIATE CAUSE	(A) Uraemia Anuria Coma	3 days
ANTECEDENT CAUSE (S)	DUE TO (B) Pancarditis - Decompensation	1953
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Hypertensive Cardiorenal Disease	1936
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Pancreatitis Acute	Nov 1952

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1951	Para Sympathetic Crush Bilateral	YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 18, 1936 to Nov 12, 1955, that I last saw the deceased alive on Nov 13, 1955, and that death occurred at 9:10 P M, from the causes and on the date stated above.

SIGNATURE Webb Lewell M. D. ADDRESS Norbeck Md DATE SIGNED 11-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-16-55	Emerson Park.	Rockville, Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/16/55	Laurell H. Brayton	Robt. L. Snowden	Rockville Md

10994

10969 Reg. Dist.

Item 18 Film G169 11-16-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: X Bethesda Rural
LENGTH OF STAY (in this place): DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia COUNTY: Arlington
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Arlington 83 x-3
STREET ADDRESS (If rural, give location): Quarters K ✓

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Mary Rita CROUSE	November 5 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	6-8-29	26 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mariner	Mariner	Massachusetts	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John QUINN	Mary A. QUINN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW II Korean	Unknown	Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

330X

Immediate cause (a) Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) rupture of rt middle

DUE TO

(c) cerebral artery (Aneurism)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
2		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 11-3-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9 Nov 1955	Notre Dame Cemetery	Worcester, Mass.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8 Nov 1955	Mary E. Farrelly	R. A. Pumphrey Funeral Home	7557 Wisconsin Ave., Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10970

10995 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington X; STREET ADDRESS (If rural give location) Newport Mill Road Bx 158

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Alfred (Last) DAVIS

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1955

5. SEX: male | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: Oct. 19, 1885 | 9. AGE last birthday 70 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist | 10B. KIND OF BUSINESS OR INDUSTRY: Manor Pharmacy | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Francis Davis | 14. MOTHER'S MAIDEN NAME: Josephine Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY NO. 578-05-1818 | 17. INFORMANT & ADDRESS: James A. Davis - Kensington, Md. 10637 Metropolitan

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

540.0

IMMEDIATE CAUSE (A) Gastric Hemorrhage — 1 week

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Gastric ulcers, multiple — 6 months DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Embolism due to — 1 week; Mural Thrombi due to

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION Hypertensive cardiovascular disease — AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1955, to Nov 22, 1955, that I last saw the deceased alive on Nov 22, 1955, and that death occurred at 12:35 P M, from the causes and on the date stated above.

SIGNATURE George Thorpe M.D. ADDRESS 10649 Conn. Ave. Kensington DATE SIGNED 11/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-25-55 | NAME OF CEMETERY OR CREMATORY Monocacy Cem. | LOCATION (City, town, or county) (State) Beallsville, Md.

DATE REC'D BY LOCAL REGISTRAR 11/23/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR R. H. Thompson ADDRESS Beth Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10971

10996 CERTIFICATE OF DEATH 215 Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 10 Bethesda, Rural
LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47X-3
STREET ADDRESS (If rural give location) 5440 Nebraska Avenue, N.W.

3. NAME OF DECEASED: (First) William (Middle) Edward (Last) DAVIS
4. DATE OF DEATH: (Month) November (Day) 3 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Mln.
Male	White	Married	8-26-85	70 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lawyer	Private Law	Maryland	US

13. FATHER'S NAME: Edward W. Davis
14. MOTHER'S MAIDEN NAME: Virginia C. MILLA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW I	None	Wife Mrs. Margaret R. DAVIS Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X IMMEDIATE CAUSE (A) Metastatic Ca. to Liver and Bones — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Ca. of Prostate — 32 Mo

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 Oct, 1955, to 3 Nov, 1955, that I last saw the deceased alive on 3 Nov, 1955, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

SIGNATURE H. S. Rowland Jr. ADDRESS H. S. ROLLAND LT MC USNR U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8 Nov 1955	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4 Nov 1955	Mary E. Farrelly	R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Maryland

VS. A15 — 10 - 53

.10972

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10997 **CERTIFICATE OF DEATH**

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Chevy Chase; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 3504 Turner Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase X; STREET ADDRESS (If rural give location) 1 3504 Turner Lane

3. NAME OF DECEASED: (Type or Print) (First) Godfrey (Middle) McDonald (Last) DAY

4. DATE OF DEATH: (Month) Nov. (Day) 2nd (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 20, 1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 5 Days 12 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Gov Emp.

10B. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Day

14. MOTHER'S MAIDEN NAME: Lucy ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mabel Lee Day 3504 Turner Lane, Ch. Ch. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) DUE TO Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Arteriosclerosis — years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950 to 11/2/55, 19..., that I last saw the deceased alive on 11/1, 1955 and that death occurred at 10 A M, from the causes and on the date stated above.

SIGNATURE Paul M Cantor M.D. ADDRESS Bethesda, Maryland DATE SIGNED November 2, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial; DATE THEREOF 11-5-55; NAME OF CEMETERY OR CREMATORY Parklawn; LOCATION (City, town, or county) (State) Rockville Md

DATE REC'D BY LOCAL REGISTRAR 11/3/55; REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Dumphries ADDRESS Bethesda Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10973

10998 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville 26
STREET ADDRESS (If rural give location) 402 Blandford st

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) DeHart

4. DATE OF DEATH: (Month) Nov (Day) 5 (Year) 1955

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 8. DATE OF BIRTH: Nov 5/55 9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 18

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kenneth Jackson DeHart
14. MOTHER'S MAIDEN NAME: Ada Mae McLain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mother

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5
IMMEDIATE CAUSE (A) Atalectasis due to — INTERVAL BETWEEN ONSET AND DEATH 18 Min.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO prematurity

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1955 to Nov 5, 1955 that I last saw the deceased alive on Nov 5, 1955, and that death occurred at 6:30 P M, from the causes and on the date stated above.

SIGNATURE Michael L Bradley
M. D. ADDRESS 4630 Montgomery Ave
DATE SIGNED 5 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-8-1955
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg Md

DATE REC'D BY LOCAL REGISTRAR 11/7/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A Humphrey
ADDRESS Bethesda, Md.

20X5283250

10947

10974

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Takoma Park
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Virginia COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Beckley, 85x-3
STREET ADDRESS (If rural, give location) 807 Kanawha Street

3. NAME OF DECEASED: (Type or Print) (First) Eileen (Middle) Muriel (Last) Dennis

4. DATE OF DEATH (Month) 11 (Day) 5 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	married	6-5-13	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
H-wife	Own home	Canada	U.S.A.

13. FATHER'S NAME: Norman Pollen

14. MOTHER'S MAIDEN NAME: Lillian Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	yes	Mr. Lynwood S. Dennis, 807 Kanawha St. Beckley, West Virginia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 970.2	(a) Barbiturate Poisoning DUE TO	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bronstrup M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-5-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. & Burial	11/6/55	Sunset Memorial Cemetery	South Charleston, West Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV 6 1955	J. Wilson Dodd	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10975

10999 Stem 329 Film D 379 8-1766 JMK

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 2 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Nat'l Inst of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY P.Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hillcrest Heights 16X-2
STREET ADDRESS (If rural give location) 5707 22nd Avenue ✓

3. NAME OF DECEASED: (Type or Print) (First) Isabella (Middle) Cecelia (Last) DiBitetto

4. DATE OF DEATH: (Month) Nov (Day) 20 (Year) 1955

5. SEX: XX F. | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MAR | 8. DATE OF BIRTH: 17 MAR 14 | 9. AGE last birthday 41 39 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): VA. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Ahern | 14. MOTHER'S MAIDEN NAME: Jennie Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

IMMEDIATE CAUSE (A) Bilateral hydronephrosis — uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Metastatic carcinoma — 12 mos

DUE TO

(C) Squamous carcinoma, cervix uteri — 23 mos

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1 OCT 55 | 19B. MAJOR FINDINGS OF OPERATION: Sigmoid colostomy — Dilatd distal colon | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 14 Sep, 1955, to 20 Nov, 1955, that I last saw the deceased alive on 20 Nov, 1955, and that death occurred at 5:45 P M, from the causes and on the date stated above.

SIGNATURE Daniel D. Federman | ADDRESS M.D. Nat'l Inst. of Health | DATE SIGNED 20 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/23/55 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Pr. Geo. Md

DATE REC'D BY LOCAL REGISTRAR 11/25/55 | REGISTRAR'S SIGNATURE Bessie M Thompson | 24. FUNERAL DIRECTOR Gawler Funeral Home | ADDRESS 816-H St N.E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10976

10948 CERTIFICATE OF DEATH Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. Tarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Va COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington - Va 83X-2
STREET ADDRESS (If rural give location) 912 - S. monroe st.

3. NAME OF DECEASED: (Type or Print) (First) Susie (Middle) — (Last) Dodge

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 19 55

5. SEX: 7
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 3-31-94
9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levi - Houser
14. MOTHER'S MAIDEN NAME: Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 9
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) DUE TO Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9-55, to 11-11-55, that I last saw the deceased alive on 11-11-55, and that death occurred at 10.22 A.M., from the causes and on the date stated above.
SIGNATURE James M. Whitlock ADDRESS M. D. Takoma Park, 12 MD. DATE SIGNED 11-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 11-11-55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REGISTRAR Nov. 11 1955
REGISTRAR'S SIGNATURE Allison Dodd
24. FUNERAL DIRECTOR Hyde Funeral Home ADDRESS Takoma Park Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11000 **CERTIFICATE OF DEATH**

10977

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda RURAL
LENGTH OF STAY (in this place) 17 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9a Resmar Sanitarium 5721 Grosvenor Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY 47X-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 4 D.C.
STREET ADDRESS (If rural give location) 525 - 7th. St., S.W.

3. NAME OF DECEASED: (Type or Print) (First) Sadie (Middle) (Last) Downs

4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1887 Feb. 4, 1955

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: William Lewis

14. MOTHER'S MAIDEN NAME: Elizabeth Byrne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. J. C. Hughes - 525-7th. St., S.W.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH several years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) General Arteriosclerosis — several years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cirrhosis of Liver & Duodenal ulcer 3 yrs.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1951, to 11/24, 1955, that I last saw the deceased alive on 11/24/55, 19..., and that death occurred at 5:15 P.M, from the causes and on the date stated above.

SIGNATURE Walter W Juice ADDRESS M. D. 4918 - Hillbrook Lane NW. DATE SIGNED Wash. DC.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF 11/28/1955 NAME OF CEMETERY OR CREMATORY Glen Haven LOCATION (City, or town, county) (State) Silver Spring Md

DATE REC'D BY LOCAL REGISTRAR 11/25/55 REGISTRAR'S SIGNATURE Bessie M. Thompson 24. FUNERAL DIRECTOR John X Armstrong ADDRESS 131-11 St NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10978

11001 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 236 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY ---
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47 x 3
STREET ADDRESS (If rural give location) 3724 Northampton St. N. W. ✓

3. NAME OF DECEASED: (First) Lee (Middle) A. (no middle) (Last) Ferguson

4. DATE OF DEATH: (Month) Nov. (Day) 28, (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Nov. 12, 1907

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gov't Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Maine

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Ferguson

14. MOTHER'S MAIDEN NAME: Arlena Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Not available

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

175X
IMMEDIATE CAUSE (A) Widespred Ovarian Carcinoma
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 6, 1955, to Nov. 28, 1955 that I last saw the deceased alive on Nov. 28, 1955, and that death occurred at 3:00A.M, from the causes and on the date stated above.

SIGNATURE Richard R. Paton ADDRESS The Clinical Center, NIH, Bethesda, Md. DATE SIGNED 11-25-55
M. D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit | DATE THEREOF 11-29-55 | NAME OF CEMETERY OR CREMATORY Litchfield Plains | LOCATION (City, town, or county) (State) Kennebee Co., Maine

DATE REC'D BY LOCAL REGISTRAR 11/28/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10979

11002 CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montogomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 MOntogomery County General

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt. #2, Gaithersburg
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) (Last) Frazier

4. DATE OF DEATH: (Month) 11 (Day) 24 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 3, 1891

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months 4 Days 21 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Richard Hawkins

14. MOTHER'S MAIDEN NAME: Ella King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Montogomery County General Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

IMMEDIATE CAUSE (A) Heart Failure. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertension.

DUE TO (C) Hypertensive cardiovascular disease.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/3, 1955, to 11/24, 1955, that I last saw the deceased alive on 11/24, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE Luciano J. Leal M. D. ADDRESS Gaithersburg Md. DATE SIGNED 11/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/27/55 — NAME OF CEMETERY OR CREMATORY Brookside Memorial Park — LOCATION (City, town, or county) (State) Baltimore Co. Md.

DATE REC'D BY LOCAL REGISTRAR 11/26/55 — REGISTRAR'S SIGNATURE Gertrude B Lawler

24. FUNERAL DIRECTOR Roy W Barber — ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10980

10949 CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TAKOMA PARK
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY 3Y01-4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
STREET ADDRESS (If rural give location) 3016 Matthew St.

3. NAME OF DECEASED: (First) Myrtle (Middle) Eleanor (Last) FRISCH

4. DATE OF DEATH: (Month) Nov (Day) 12 (Year) 1955

5. SEX: F

6. COLOR OR RACE: Wh

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 4/14/08

9. AGE last birthday 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George T. Kroener

14. MOTHER'S MAIDEN NAME: Annie E Fish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk.) X (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

214X IMMEDIATE CAUSE (A) Massive gastric hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days ±

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) multiple gastric ulcers (entire Stomach) — Unknown

DUE TO (C) Distension of stomach ? relieved by tube — Few days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 12½ lbs Large fibroid tumor of uterus — 2 years +

19A. DATE OF OPERATION: 10-31-55

19B. MAJOR FINDINGS OF OPERATION: Large (12½ lb) fibroid tumor of uterus. Complete Hysterectomy & Bilateral salpingectomy

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-30, 1955 to 11-12, 1955, that I last saw the deceased alive on 11-12, 1955, and that death occurred at 3:25 A.M., from the causes and on the date stated above.

SIGNATURE Chas H. Calvert M.D. M.D. ADDRESS 7894 Georgia Ave., Silver Spring DATE SIGNED 11-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 17-1955 — NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 12-1955 — REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR W. W. Chambers — ADDRESS 5501 Cleveland Ave. Rosedale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11003 10981

CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 1 hr 9 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington 83X-3
STREET ADDRESS (If rural give location) 25 West Glebe Road Apt A 15

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) GIRL (Last) FUCICH "A"

4. DATE OF DEATH: (Month) November (Day) 9 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: 11-9-55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 9

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Bethesda, Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Martin J. FUCICH

14. MOTHER'S MAIDEN NAME: Dolores MALOON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. - -

17. INFORMANT & ADDRESS: Father Martin J. FUCICH Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X IMMEDIATE CAUSE (A) Prematurity

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Nov, 1955, to 9 Nov, 1955 that I last saw the deceased alive on 9 Nov, 1955, and that death occurred at 3:35 PM, from the causes and on the date stated above.

SIGNATURE J. W. STHOLMAN III LT MC USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 15 Nov 1955
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) Arlington, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR 10 Nov 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR R. A. Pumphrey Funeral Home
ADDRESS 7557 Wisconsin Avenue, Bethesda, Md.

21X52912 10

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10982

11004

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 2 hrs 9min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington 83 x 3
STREET ADDRESS (If rural give location) 25 West Glebe Road Apt A 15 ✓

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) FUCICH "B"

4. DATE OF DEATH: (Month) November (Day) 9 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 11-9-55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 Hrs. Hours 2 Min. 9

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bethesda, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Martin J. FUCICH
14. MOTHER'S MAIDEN NAME: Dolores MALOON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Father Martin J. FUCICH Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 776X (A) Prematurity

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES XX NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Nov, 1955, to 9 Nov, 1955 that I last saw the deceased alive on 9 Nov, 1955, and that death occurred at 4:35PM, from the causes and on the date stated above.

SIGNATURE J. W. STOHLMAN III LT MC USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 15 Nov 1955
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 10 Nov 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR AND ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

21X5392210

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11005 CERTIFICATE OF DEATH

Reg. Dist. No. 10983 274

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RURAL ** SILVER SPRING
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 IZAAK WALTON LEAGUE CLUB HOUSE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2011 GRACE CHURCH ROAD 56
STREET ADDRESS (If rural give location) SILVER SPRING

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) M. (Last) FULLERTON

4. DATE OF DEATH: (Month) NOVEMBER (Day) 29 (Year) 19 55

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed
8. DATE OF BIRTH: Feb. 27, 1871
9. AGE last birthday 84 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired—Logging and Teamster
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Putman County, Ohio
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JAMES FULLERTON
14. MOTHER'S MAIDEN NAME: SARAH UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: Silver Spring, Md. MRS. RAYMOND BRIGGS, 2011 Grace Church Rd.,

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Coronary Occlusion, Acute	15 min
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Coronary sclerosis, DUE TO	10 yrs
	(C) Generalized arteriosclerosis	20 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/30, 1955, to 11/24, 1955 that I last saw the deceased alive on 11-27, 1955, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

SIGNATURE M. Shoemaker M.D. ADDRESS 8005 Woodbury Ave Silver Spring, Md DATE SIGNED 11/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & burial
DATE THEREOF 12/1/55
NAME OF CEMETERY OR CREMATORY Rockport Cemetery
LOCATION (City, town, or county) (State) Rockport, Ohio

DATE REC'D BY LOCAL REGISTRAR Dec 1, 1955
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warren E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10984

11006

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 8 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY 47X-3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D. C.
STREET ADDRESS (If rural give location) 3007 Gates Road, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Simon (Middle) Peter (Last) FULLINWIDER

4. DATE OF DEATH: (Month) Nov (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Cauc

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-29-71

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: U. S. Navy

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edwin Fullinwider

14. MOTHER'S MAIDEN NAME: Mary Gore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1890-1945

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Edwin G. Fullinwider 1628 29th Street, NW, Washington, D. C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) Bronchopneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of the lung. — 1 year

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Sep, 1955, to 19 Nov, 1955, that I last saw the deceased alive on 18 November 1955, and that death occurred at 1:50PM, from the causes and on the date stated above.

SIGNATURE J. M. SWARTS, CDR, MC, USNR — ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 23 Nov 1955 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 22 Nov 1955 — REGISTRAR'S SIGNATURE Mary E. Farrell

24. FUNERAL DIRECTOR W. W. Chambers — ADDRESS 3072 M St., NW, Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11007 CERTIFICATE OF DEATH

10985
Reg. Dist. No. 213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Chestnut Lodge, Inc 500 Montgomery Ave Rockville Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington DC COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2126 Conn. Ave. 47x3
STREET ADDRESS (If rural give location) 500 Montgomery Ave Rockville Md

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) W. (Last) Galbraith

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-8-1878

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 9 Days 7 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): U.S.N. Naval Captain

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Knoxville Tennessee

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Galbraith

14. MOTHER'S MAIDEN NAME: Elizabeth Harris

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) 1901-1931

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wife - 2126 Connecticut Ave NW Washington DC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 day

Immediate cause (a) Pneumonia — DUE TO Hypostasis and infection — Interval Between Onset And Death: 15 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cardio-vascular-renal Disease DUE TO arteriosclerosis — many years

(c) Carcinoma of Prostate — several years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 8

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-27, 1955, to 11-15, 1955, that I last saw the deceased alive on 11-15, 1955, and that death occurred at 4:20, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Cosmore Cooper M.D. 104 S Washington St Rockville Md 11-15-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/18/55. — NAME OF CEMETERY OR CREMATORY Arlington Nat'l. — LOCATION (City, town, or county) (State) Ft Myer Virginia

DATE REC'D BY LOCAL REGISTRAR 11/17/55 — REGISTRAR'S SIGNATURE Boris M. Thompson Laurell H. Bratton

24. FUNERAL DIRECTOR Joe Gawler's Sons — ADDRESS 1756 Wash. DC

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11008

CERTIFICATE OF DEATH

Reg. Dist. No. 10986 276

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY 47X-3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 1480 Harvard St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) FRANKLIN (Last) Gaeber

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 13, 1870

9. AGE last birthday: 85 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CONTRACTOR

10B. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Eli Abraham Gaeber

14. MOTHER'S MAIDEN NAME: Elizabeth Landis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If NO
(If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Harry F. Gaeber 2315 Ashboro Dr. Chevy Chase Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Cerebral Thrombosis, bleeding artery. — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis. — 5+ years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. ..., 1955, to 22 Nov., 1955 that I last saw the deceased alive on 21 Nov., 1955, and that death occurred at 12 30 P. M, from the causes and on the date stated above.

SIGNATURE: Lenuel T. Kimble M. D. — ADDRESS: 929 Pleasant Drive Silver Spring — DATE SIGNED: 22 Nov. '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-25-1955	Evergreen Cemetary	Luray Virginia

DATE REC'D BY LOCAL REGISTRAR: 11-22-55

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR & ADDRESS: 2901 14th St. at N.W. S.H. Hines Co. Washington D.C.

11999 10987

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY (in this place) 1½ Yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty Co. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY P. G.; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Laurel; STREET ADDRESS (If rural, give location) 912 Philip Power Dr. 1641.2

3. NAME OF DECEASED: (First) Dana (Middle) Mara (Last) Garrett

4. DATE OF DEATH (Month) Nov (Day) 3 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-16-1904

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ind.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elza Garrett

14. MOTHER'S MAIDEN NAME: Rosalee Holsinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hosp. record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) DUE TO: Strychnine poisoning — INTERVAL BETWEEN ONSET AND DEATH: 5½ hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Taken 500 cc - 1/60 gr. Strychnine Tablets

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Bussetraut M. D.

CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 11-3-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov 6 1955

NAME OF CEMETERY OR CREMATORY Union Cemetery

LOCATION (City, town, or county) Burtonsville (State) Md

DATE REC'D BY LOCAL REG. Nov 6-55

REGISTRAR'S SIGNATURE Gertrude B Fowler

24. FUNERAL DIRECTOR Robert Donaldson ADDRESS Laurel Md

Nov 8-55

Record from funeral

10950

10988 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) D.C.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Sam and Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY P.G.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park 16-17-2
STREET ADDRESS (If rural, give location) 8106 New Hampshire Ave.

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) E (Last) Gibson

4. DATE OF DEATH (Month) 11- (Day) 11- (Year) 1955

5. SEX: Male **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):**

8. DATE OF BIRTH: June 25 1934

9. AGE Last birthday: 20 yrs. IF UNDER 1 YEAR: Months 4 Days 17 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Md U.

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James A Gibson

14. MOTHER'S MAIDEN NAME: Catherine Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 982X Right hemo thorax - fatal hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Stab wound of R. Ventricle of Heart thru epigastrium.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Street

21c. (City or town) Takoma Park (County) P.G. (State) Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR? Stab wound on abdomen

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE Frank J Bascianart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-12-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 15 Nov 55

NAME OF CEMETERY OR CREMATORY Mt Calvary

LOCATION (City, town, or county) Leetonia, Columbiana (State) Ohio

DATE REC'D BY LOCAL REG. Nov 12th 1955

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR W. E. Dunphy

ADDRESS 8434 Ga Ave Silver Spring Md

11010

10989
Reg. Dist.

Item 13, Filmd109 12-1-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. ....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rockville (rural)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Randolph Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Rockville (rural) R-4
STREET ADDRESS (If rural, give location) Randolph Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mable (Middle) Diane (Last) Gilliss
4. DATE OF DEATH (Month) Nov (Day) 22 (Year) 1955

5. SEX: Fe
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 12-13-'87
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas R. Henning
14. MOTHER'S MAIDEN NAME: Mary Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Myrtle Gilliss Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

434.1
Immediate cause (a) Acute Congestive Heart Failure — Few months
DUE TO
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ....
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-23-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov. 26-55
NAME OF CEMETERY OR CREMATORY Baltimore
LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 11-25-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Rita Wiedefeld
ADDRESS 900 E. Biddle St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11011

CERTIFICATE OF DEATH

10990

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 1 Mo. 25 Da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3901 Connecticut Ave., N.W.

3. NAME OF DECEASED: (First) Alice (Middle) Hill (Last) GILPIN

4. DATE OF DEATH: (Month) Nov (Day) 13 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 4 Dec 1911

9. AGE last birthday 43 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Patrick HILL

14. MOTHER'S MAIDEN NAME: Alimira PLUMMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: John H. GILPIN, 3901 Conn. Ave.N.W., Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

204.4

IMMEDIATE CAUSE (A) Intra Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Leukemia - type undetermined — Wks.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 18 Sep, 1955, to 13 Nov, 1955, that I last saw the deceased alive on 13 Nov, 1955, and that death occurred at 1:35A M, from the causes and on the date stated above.

SIGNATURE A.J. CAPPELLETTI, LT MC USN — ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Md. — DATE SIGNED 11-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 16 Nov 1955 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR 14 Nov 1955 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR AND ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10991

10951 CERTIFICATE OF DEATH Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) DOA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 7907 Gist Ct.

3. NAME OF DECEASED: (Type or Print) (First) Tiffney (Middle) Clarence (Last) Godfrey

4. DATE OF DEATH: (Month) Nov (Day) 24 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov 13, 1892
9. AGE last birthday 63 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supreme Courtpolice
10B. KIND OF BUSINESS OR INDUSTRY: Policeman
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? Amer

13. FATHER'S NAME: John Edward Godfrey
14. MOTHER'S MAIDEN NAME: Polly Bailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. 236-28-9855
17. INFORMANT & ADDRESS: Wash Sanitarium and Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1 7 7 X
IMMEDIATE CAUSE (A) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 23 Nov., 1955, to 24 Nov., 1955, that I last saw the deceased alive on 23 Nov., 1955, and that death occurred at 5:15 P. M, from the causes and on the date stated above.
SIGNATURE L. B. Snow M. D. ADDRESS Silver Spring, Md. DATE SIGNED 24 Nov. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/28/55
NAME OF CEMETERY OR CREMATORY Arlington Natl. Arlington Va
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR 11-26-1955
REGISTRAR'S SIGNATURE T. Wilson Dodd
24. FUNERAL DIRECTOR H. W. Chambers Co
ADDRESS 5801 Cleveland ave Riverdale, Md.

11012

10992
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 314

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2117 Linden Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE N. C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Craggy
STREET ADDRESS (If rural, give location) R.F.D.#4, Asheville, 70x-3

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Barger (Last) Goebel

4. DATE OF DEATH (Month) Nov. (Day) 14 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 28, 1879

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Rowan County, N. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Barger

14. MOTHER'S MAIDEN NAME: Laura Crandford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mr. Wallace Goebel, 2117 Linden Lane Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Suddenly

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Burchart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Trans. & Burial

DATE THEREOF 11/15/55

NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

LOCATION (City, town, or county) (State) China Grove, Rowan County, N.C.

DATE REC'D BY LOCAL REG. 11-16-55

REGISTRAR'S SIGNATURE Frances Foltz

24. FUNERAL DIRECTOR W. Warner L. Pumphrey

ADDRESS 8434 Georgia Ave. Silver Spring, Maryland

11013

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10993 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 218

1. PLACE OF DEATH:
COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Rural) RFD #3

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) (rural) RFD #3

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Curtis	C	Greer	11-15-55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married	9-18-1890	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Texas	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tom Greer	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		Grace Greer (wife) Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary occlusion	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)		
DUE TO		
(c)		

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Bosciart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-15-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-18-55	Thomas Chapel	Mulberry, Ten Lenn

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV 15 55	Edwin L Coale	Frank C Gaither	Gaithersburg

Mat-

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10994

11014 CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural- Clagettsville
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 R.F.D. Mt. Airy, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Damascus X
STREET ADDRESS (If rural give location) R.F.D. Germantown 1

3. NAME OF DECEASED: (Type or Print) (First) Cora (Middle) B. (Last) Gue

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: June 24, 1878

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Damascus, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James L. Mullinix

14. MOTHER'S MAIDEN NAME: Mary L. Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mr. Maurice Gue, Germantown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

600.0
Immediate cause (a) Terminal Bronchopneumonia — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Pyelonephritis — months

DUE TO

(c) Generalized arteriosclerosis, Parkinsonism, Cerebral arterioscler., senility — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) none

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1955, to Nov. 22, 1955, that I last saw the deceased alive on Nov. 16, 1955, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Olin F. Meadows M.D. ADDRESS Damascus, Md. DATE SIGNED 11/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov.25,1955 NAME OF CEMETERY OR CREMATORY Damascus LOCATION (City, town, or county) (State) Damascus, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 24, 1955 REGISTRAR'S SIGNATURE Della N. Burdette

24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10995

10952 CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 17 TAKOMA PARK, MD. — LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 CUR-LO NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE WASHINGTON / D. C. — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON. 47X.3

STREET ADDRESS (If rural, give location) 247 INGRAHAM ST. N.W. V

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
JOHN M. HALLISEY.	NOV. 1 1955	Male	White	Widowed	Feb. 2, 1867	88 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Boiler maker.	—	Ireland.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Michael Hallisey	Ellen Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	William a. Hallisey. (Son). Same address as above.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
331X Immediate cause	(a) Cerebral Vascular Accident	6 Days.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) General and Cerebral Atherosclerosis	10 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Oct 30, 1955, to Nov. 1, 1955, that I last saw the deceased alive on Nov. 1, 1955, and that death occurred at 7 40 A. m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
James a. Roberts	M.D.	8907 Georgia Ave Silver Spring Md	Nov. 1, 1955

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/3/55	Cedar Hill Cem.	Suitland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 1 1955	J. Allison Dodd	Francis J. Collin	3821-14th St NW Washington D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10996

10953 CERTIFICATE OF DEATH Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 26 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7515 Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE VIRGINIA COUNTY DINWIDDIE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PETERSBURG (Rt 1) 83 x-3
STREET ADDRESS (If rural give location) 1655 Lamar Avenue

3. NAME OF DECEASED: (Type or Print) (First) Hattie (Middle) Petzold (Last) Hamilton

4. DATE OF DEATH: (Month) November (Day) 30 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Oct. 13 1874

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: James Pollard

14. MOTHER'S MAIDEN NAME: Mary Anne Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Med. Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X IMMEDIATE CAUSE (A) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic heart disease — years

DUE TO (C) Diabetes Mellitus — years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 29, 1955, to Nov 30, 1955, that I last saw the deceased alive on Nov 30, 1955, and that death occurred at 11:50 A. M, from the causes and on the date stated above.

SIGNATURE Wilford W Eastman M. D. ADDRESS 8700 Colesville Rd S.S. Md. DATE SIGNED Nov 30 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial — DATE THEREOF 12/2/55 — NAME OF CEMETERY OR CREMATORY Blandford Cemetery — LOCATION (City, town, or county) (State) Petersburg, Dinwiddie Co., Va.

DATE REC'D BY LOCAL REGISTRAR Nov 30 1955 — REGISTRAR'S SIGNATURE Milton Dodd

24. FUNERAL DIRECTOR Warner & Pumphrey — ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10997

11015 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda; LENGTH OF STAY (in this place) 2mo 16da; HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Alta Vista Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Montgomery; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chevy Chase; STREET ADDRESS (If rural give location) 4823 Drummond Ave

3. NAME OF DECEASED: (Type or Print) (First) Eugene (Middle) Alexander (Last) Hansen

4. DATE OF DEATH: (Month) Nov (Day) 30 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~. (Specify): Widowed

8. DATE OF BIRTH: Sept. 11, 1878

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 2 Days 19 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10B. KIND OF BUSINESS OR INDUSTRY: Wisc. Electric Power Co

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Christian Hansen

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Mr. Corwin Hansen, 4823 Drummond Ave Chevy Chase, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X

IMMEDIATE CAUSE (A) Acute Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic bulbar paralysis — 1½ yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO Generalized arteriosclerosis — 3 yrs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. —

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from January 1950, to November, 1955, that I last saw the deceased alive on Nov. 23, 1955, and that death occurred at 9:30 A M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS M. D. Roger Kurtz, 3701 Connecticut Ave. Wash DC. DATE SIGNED 11-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-Transit | DATE THEREOF 12-3-1955 | NAME OF CEMETERY OR CREMATORY Forest Home Cemetery | LOCATION (City, town, or county) (State) Milwaukee Wis

DATE REC'D BY LOCAL REGISTRAR 12/3/55 | REGISTRAR'S SIGNATURE Bessie M Thompson | 24. FUNERAL DIRECTOR Robert A. Pumphrey | ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11016 CERTIFICATE OF DEATH

10998

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg X
STREET ADDRESS (If rural give location) Route 2 1

3. NAME OF DECEASED: (First) Claude (Middle) Ray (Last) Hawkins

4. DATE OF DEATH: (Month) November (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/2/90

9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Hawkins

14. MOTHER'S MAIDEN NAME: Julia Pope

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 579-07-3553

17. INFORMANT & ADDRESS: Hospital Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.3 IMMEDIATE CAUSE (A) Cardiac Decompensation

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Acute left ventricular dilatation DUE TO

(C) Myasthenia gravis

INTERVAL BETWEEN ONSET AND DEATH: less than 24 hours

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Thrombosis right popliteal artery

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Nov., 1955, to 13 Nov., 1955 that I last saw the deceased alive on 13 Nov., 1955, and that death occurred at 1 A. M, from the causes and on the date stated above.

SIGNATURE John Bosley Zeigler M. D. ADDRESS Olney Md DATE SIGNED 13 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF Nov 15 1955

NAME OF CEMETERY OR CREMATORY Baltonsville Md

LOCATION (City, town, or county) (State) Montgomery Co. Md

DATE REC'D BY LOCAL REGISTRAR 11-14-55

REGISTRAR'S SIGNATURE Gertrude B Lowe

24. FUNERAL DIRECTOR ADDRESS Roy W. BARBER LAYTONSVILLE MD

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10999

10954 CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Maryland Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY — 47X-3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District of Columbia
STREET ADDRESS (If rural, give location) 2701 14th St. NW., Apt. 811

3. NAME OF DECEASED: (Type or Print) (First) Rose (Middle) Wilhelmina (Last) Heilbronn

4. DATE OF DEATH: (Month) (Day) (Year) 11 5 1955

5. SEX: Fe

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10/23/90

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): District of Columbia

12. CITIZEN OF WHAT COUNTRY? Amer

13. FATHER'S NAME: Andrew Newland

14. MOTHER'S MAIDEN NAME: Bertha Bessler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT & ADDRESS: Hospital Records Washington Sanitarium + Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
170X Immediate cause	(a) Metastatic carcinoma of lung	6 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Carcinoma of the right breast	1½ yrs
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 3, 1955, to Nov 5, 1955, that I last saw the deceased alive on Nov 4, 1955 and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Edward Rogers M.D. 1329 Spring Rd, Nov 5, 1955

23. BURIAL, CREMATION, REMOVAL, (Specify): burial

DATE THEREOF 11/8/55

NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. Nov 6 1955

REGISTRAR'S SIGNATURE J. Milton Davis

24. FUNERAL DIRECTOR The D. H. Ames Co.

ADDRESS 2906-14 St. N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11000

10955

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY PRINCE GEORGES
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 1615-2
STREET ADDRESS (If rural give location) [illegible] Ave. ~~Takoma~~ [illegible], Md.

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) (Last) Hobbs

4. DATE OF DEATH: (Month) Nov (Day) 16 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 11/16/55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. 40

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Takoma Park, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward D Hobbs

14. MOTHER'S MAIDEN NAME: Patricia Louise Buffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

761.5

IMMEDIATE CAUSE (A) Pre-maturity

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Placenta Previa

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: 0 —

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/16, 1955, to 11/16, 1955, that I last saw the deceased alive on 11/16, 1955, and that death occurred at 6 45 P M, from the causes and on the date stated above.

SIGNATURE Raymond [illegible] M.D.
ADDRESS 925 Pershing Dr. SS. [illegible]
DATE SIGNED 11/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 11-18-55
NAME OF CEMETERY OR CREMATORY Wash. San. & Hosp.
LOCATION (City, town, or county) (State) Takoma Park 12 Md

DATE REC'D BY LOCAL REGISTRAR 11-18-1955
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR Robert A Hare, MD
ADDRESS Takoma Park

M

C

I

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

20X522 8249 [illegible]

Permission Rec'd from parents to [illegible] [illegible]

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11001

11017

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

20X5242271

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville 26
STREET ADDRESS (If rural give location) 5413 Brent Road

3. NAME OF DECEASED: (First) Baby (Middle) Boy (Last) Hocker
4. DATE OF DEATH: (Month) (Day) (Year) Nov. 8th 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Newborn
8. DATE OF BIRTH: Nov 8, 1955
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 2 Min. 40

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10B. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lee C. Hocker
14. MOTHER'S MAIDEN NAME: Hutchinson, Helen Marguerite
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mother - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

765.5
IMMEDIATE CAUSE
(A) Prematurity & Immaturity
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) Premature Rupt of Membranes
DUE TO
(C) Circumvallate Placenta

INTERVAL BETWEEN ONSET AND DEATH: } 6 days.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 8, 1955 to Nov 8 1955 that I last saw the deceased alive on Nov 8, 1955, and that death occurred at 9:50 A M, from the causes and on the date stated above.
SIGNATURE James L. Stanton M. D. ADDRESS 809 Veirs Mill Rd. Rockville DATE SIGNED 11/9/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-10-55
NAME OF CEMETERY OR CREMATORY Parklawn
LOCATION (City, town, or county) (State) Montgomery Maryland

DATE REC'D BY LOCAL REGISTRAR 11/9/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Dunphrey
ADDRESS Bethesda Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 5,6,7, Film 189 11-21-55 et

11018 11002

CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KENSINGTON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Carroll Manor

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 49X-3
STREET ADDRESS (If rural give location) 14 Y2 Madison St N.W.

3. NAME OF DECEASED: (Type or Print) (First) SUSAN (Middle) JANE (Last) HOUK

4. DATE OF DEATH: (Month) NOV. (Day) 14 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8-16-1865
9. AGE last birthday 90 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): TENN.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John L. Hudiburg - TENN.
14. MOTHER'S MAIDEN NAME: Lucy Jane Scarborough.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X

IMMEDIATE CAUSE (A) HYPERTENSIVE HEART DISEASE

DUE TO

ANTECEDENT CAUSE (S) (B) GENERALIZED ARTERIOSCLEROSIS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (C) ESSENTIAL HYPERTENSION

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SENILITY

19A. DATE OF OPERATION: 0 NONE
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT. 15, 1955, to NOV. 14, 1955, that I last saw the deceased alive on NOV. 14, 1955, and that death occurred at 3:15 P M, from the causes and on the date stated above.

SIGNATURE Henry Lowder M. D.
ADDRESS 5206 NORWAY DR. CHEVY CHASE, Md
DATE SIGNED 11/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) — DATE THEREOF 11-16-1955 — NAME OF CEMETERY OR CREMATORY Rock Creek — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REGISTRAR nov 15 55
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Lee Funeral Home
ADDRESS 300 4th St N.E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11003

10956

CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 13
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Springs
STREET ADDRESS (If rural give location) 839 Gist Ave.

3. NAME OF DECEASED: (First) Elizabeth (Middle) S. (Last) Hurley
4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov. 16, 1889
9. AGE last birthday 66 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Govt Clerk
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Stepan
14. MOTHER'S MAIDEN NAME: Mary Musil
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

175X

IMMEDIATE CAUSE (A) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 7 months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of ovary Primary site — 1 to 2 yrs?

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Congestive Heart Failure with Ascites — 1 month

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 28, 1950, to Nov. 17, 1955, that I last saw the deceased alive on Nov. 17, 1955, and that death occurred at 12:22 P.M., from the causes and on the date stated above.

SIGNATURE: Philip E. Jones M.D. ADDRESS: 918 Ellsworth Drive Silver Spring Md. DATE SIGNED: Nov. 17, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11/21/55
NAME OF CEMETERY OR CREMATORY: Arlington Nat'l. Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: NOV 20 1955
REGISTRAR'S SIGNATURE: J. Milton Dodd
24. FUNERAL DIRECTOR: Warner E. Pumphrey
ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11004

10957 CERTIFICATE OF DEATH

Reg. Dist. No. 22-3

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md.
LENGTH OF STAY (in this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Wash. San & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville, Md. 26
STREET ADDRESS (If rural give location) 1 1212 Danvers

3. NAME OF DECEASED: (Type or Print) (First) Alan (Middle) Hubert (Last) Jones

4. DATE OF DEATH: (Month) 11 (Day) 27 (Year) 1955

5. SEX: Girl
6. COLOR OR RACE: Cauc.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 11/27/55
9. AGE last birthday yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours 5 | Min. 18

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (infant)
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Mr. Alan Hubert Jones
14. MOTHER'S MAIDEN NAME: Helen Sylvia Fairbrook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Alan Hubert Jones 1212 Danvers Court, Rockville, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Prematurity — 776X

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 am 11-27, 1955., to 6:50 am 11-27, 1955, that I last saw the deceased alive on 11-27-55, 19....., and that death occurred at 6:50 A M, from the causes and on the date stated above.

SIGNATURE Ruth Standard M.D. ADDRESS Wash San & Hosp. DATE SIGNED 11-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 11-29-55
NAME OF CEMETERY OR CREMATORY Washington Sanitarium & Hospital
LOCATION (City, town, or county) (State) TakomaPark 12, Md.

DATE REC'D BY LOCAL REGISTRAR NOV 29 1955
REGISTRAR'S SIGNATURE J. Milton Dodd
24. FUNERAL DIRECTOR Robert A. Hare, M.D.
ADDRESS Wash. San. & Hosp

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Written permission rec'd from both parents. Med. Rec. Lib.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11005

11019

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington X
STREET ADDRESS (If rural give location) 3206 Ferndale St.

3. NAME OF DECEASED: (Type or Print) (First) Grace (Middle) S (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year) November 25 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec. 10, 1909
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months 11 Days 15 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brooklyn, New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herbert ~~S~~ Starck
14. MOTHER'S MAIDEN NAME: Grace Farmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Lyle W. Jones - husband.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Asthenia — INTERVAL BETWEEN ONSET AND DEATH 11-25-55

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinomatosis — Jan 1954

DUE TO (C) Carcinoma of colon — Jan 1952

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. colostomy 11-16-53 for obstruction

19A. DATE OF OPERATION: Nov 16 53
19B. MAJOR FINDINGS OF OPERATION: General abdominal metastatic cancer
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15-55 19..... to 11-25-, 19 55, that I last saw the deceased alive on 11-25-55 19....., and that death occurred at 10:40 M, from the causes and on the date stated above.

SIGNATURE John O Pohlen M.D. M. D. ADDRESS 7930 Georgia Ave Silver Spring Md DATE SIGNED 11-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11/29/1955
NAME OF CEMETERY OR CREMATORY: Arlington National
LOCATION (City, town, or county) (State): Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR 11/28/55
REGISTRAR'S SIGNATURE Bessie M Thompson
24. FUNERAL DIRECTOR: Robert A. Pumphrey
ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11006

11020 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Nat'l Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3
STREET ADDRESS (If rural give location) 1673 Columbia Road, N. W. Apt 207

3. NAME OF DECEASED: (Type or Print) (First) Hazel (Middle) Byron (Last) Kefauver

4. DATE OF DEATH: (Month) (Day) (Year) November 10, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July 29, 1914
9. AGE last birthday 41 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Dept of Agriculture
11. BIRTHPLACE (State or foreign country): Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William F. Byron
14. MOTHER'S MAIDEN NAME: Mary Lilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 2040 (A) Embolic abcesses to heart, brain, kidney

ANTECEDENT CAUSE (S) DUE TO (B) Pulmonary embolism with infarction

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Chronic Lymphocytic Leukemia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 18, 1955, to Nov 10, 1955, that I last saw the deceased alive on Nov 10, 1955 and that death occurred at 5 P M, from the causes and on the date stated above.

SIGNATURE H. L. Tarenbaum M. D. ADDRESS The Clinical Center Nat'l Inst. of Health DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11-12-55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Middletown (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11/14/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The L. W. Hess Co
ADDRESS 2901-14th St N.W. D.C.

10974

11007

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 213

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville

LENGTH OF STAY (in this place) 22 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 305 Woodland Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville 26

STREET ADDRESS (If rural, give location) 305 Woodland Rd 1

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Ellen (Last) Kinder

4. DATE OF DEATH (Month) Nov (Day) 18 (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Aug 13 - 74	81 yrs.	3	5		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Silvester Thompson

14. MOTHER'S MAIDEN NAME: Mary Beavers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Margaret E. Poole (daughter) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1½ hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-18-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/20/1955	Forest Oak	Gaithersburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/21/55	Lowell H. Fraytup	Roberts A. Pumphrey	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

.11021

11008
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 719 GIST AVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 719 GIST AVE.

3. NAME OF DECEASED: (Type or Print) (First) Carey (Middle) Elmer (Last) King

4. DATE OF DEATH (Month) Nov. (Day) 16 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: FEB 19, 1902

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: LIFE INSURANCE

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CARY KING

14. MOTHER'S MAIDEN NAME: COPENHAVEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: MRS. ANNIE E. KING 719 GIST AVE., SILVER SPRING, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.,) INJURY

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Bosshart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-16-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Nov. 21, 1955

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Arl. Co., Va.

DATE REC'D BY LOCAL REG. Nov 18 55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Arthur Walters

ADDRESS 254 Carroll St. N.W. Takoma Park 12, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11009

10958 CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place) 16 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitorium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 17
STREET ADDRESS (If rural give location) 8708 Baron St.

3. NAME OF DECEASED: (First) Fred (Middle) Hiram (Last) Karns

4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-14-11

9. AGE last birthday: 44 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10B. KIND OF BUSINESS OR INDUSTRY: Wesco Electric Co.

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Hiram Karns

14. MOTHER'S MAIDEN NAME: Nina Ambrose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 578-09-6916

17. INFORMANT & ADDRESS: Mrs. Hazel M. Karns, 8708 Baron St., Takoma Park, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Massive Cerebral and Intraportine Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 15 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Essential Hypertension — 5 yrs.
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? 11/20/55 3 PM 11/20/55

22. I hereby certify that I attended the deceased from 12 30 AM 19..., to 3 PM 19..., that I last saw the deceased alive on 11/20, 1955, and that death occurred at 5 P M, from the causes and on the date stated above.

SIGNATURE L B Snow M.D. M. D. ADDRESS Silver Spring, Md. DATE SIGNED 20 Nov. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 11/23/55
NAME OF CEMETERY OR CREMATORY: Geo. Wash. Mem. Cemetery
LOCATION (City, town, or county) (State): Prince Geo. County, Maryland

DATE REC'D BY LOCAL REGISTRAR: 11-22-1955
REGISTRAR'S SIGNATURE: Vivian Dodd

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **72 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11010

11022

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH

COUNTY MONTGOMERY — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 SILVER SPRING

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 4003 WELLER ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE MARYLAND COUNTY MONTGOMERY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING 56

STREET ADDRESS (If rural give location) 4003 WELLER ROAD.

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) SUMTER (Last) KRAFT

4. DATE OF DEATH (Month) NOV (Day) 18 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
FEMALE	WHITE	DIVORCED	DEC 9 1887	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	TELEPHONE OPER.	WASH. D.C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
ALBERT W. CARDOZA	MARY ANN BOYD.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	~~578-01-5397~~	MRS. E. ATHEY - DAUG. 4003 WELLER RD. S.S. MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 IMMEDIATE CAUSE (A) Terminal Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Cerebral Thrombosis — 6 weeks

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4, 19 55, to Nov 18, 19 55, that I last saw the deceased alive on Nov 17, 19 55, and that death occurred at 10 20 A M, from the causes and on the date stated above.

SIGNATURE Forrest Parent M.D. — ADDRESS (Street, city, town, state) 6220 Ager rd Hyattsville Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	NOV 21 1955	CEDAR HILL CEM.	SUITLAND MD.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 11-18-55	Frances Potter	JEB. Gray Chase Funeral Home	5705 Wis ave. N.W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 9, Film G189, 11/25/55 fcv

10959 CERTIFICATE OF DEATH

Reg. Dist. No. 11011 213

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park. 17
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp. 75

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville 16-15-24
STREET ADDRESS (If rural give location) 6600 Queens Chapel Rd.

3. NAME OF DECEASED: (Type or Print) (First) Israel (Middle) None (Last) Kramer

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan 15, 1881

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? United State

13. FATHER'S NAME: Leb. Kramer

14. MOTHER'S MAIDEN NAME: Sarah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.
If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Samuel Kramer Same as above.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1776

IMMEDIATE CAUSE (A) Acute Cardiac Failure -

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hematemesis, acute.

DUE TO (C) Advanced Carcinoma of prostate with widespread Metastases.

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 21, 1955 to Nov 11, 1955 that I last saw the deceased alive on Nov 10, 1955, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE Wayne Gluehsen M. D. ADDRESS 6826 Eggl Ave Hyattsville Md DATE SIGNED 11/11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 11/12/55 NAME OF CEMETERY OR CREMATORY Phila Pa LOCATION (City, town, or county) (State) Phila Pa

DATE REC'D BY LOCAL REGISTRAR Nov 12 1955 REGISTRAR'S SIGNATURE Milton Dodd

24. FUNERAL DIRECTOR B Danzansky & Son ADDRESS Wash 10 D C

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11012

11023 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kenwood
LENGTH OF STAY (in this place) 11 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6415 Brookside Drive

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Kenwood
STREET ADDRESS (If rural give location) 6415 Brookside Drive

3. NAME OF DECEASED: (Type or Print) (First) Edgar (Middle) C, (Last) KREUTZBERG

4. DATE OF DEATH: (Month) Nov (Day) 13 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept. 18, 1887

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months 1 Days 25 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wash. Editor

10B. KIND OF BUSINESS OR INDUSTRY: Steel Magazine

11. BIRTHPLACE (State or foreign country): Milwaukee, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Kreutzberg

14. MOTHER'S MAIDEN NAME: Cora Barwig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 284-05-7110

17. INFORMANT & ADDRESS: Josephine A. Kreutzberg-Same Item #2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

196X

IMMEDIATE CAUSE (A) cardiac arrest by pressure on vagus nerve. —

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) metastasis of malignant tumor originating in alveolar process of left lower jaw. —

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: apr. 28, 1955

19B. MAJOR FINDINGS OF OPERATION: Spreading malignant tumor of left lower jaw

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/9, 1955, to 11/13, 1955, that I last saw the deceased alive on 11/13, 1955, and that death occurred at 4.20 P.M., from the causes and on the date stated above.

SIGNATURE Philip Bloemsma M.D. ADDRESS M. D. 5911-16th St. N. W. Wash. D. C. DATE SIGNED 11-14-55

Philip Bloemsma

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/15/1955

NAME OF CEMETERY OR CREMATORY Parklawn

LOCATION (City, town, or county) (State) Rockville Maryland

DATE REC'D BY LOCAL REGISTRAR 11/14/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

11024

11013

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Echo

LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1 Tulane Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Glen Echo

STREET ADDRESS (If rural, give location): 1 Tulane Ave.

3. NAME OF DECEASED: (Type or Print) (First) LORRAINE (Middle) A. (Last) KUMFERT

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 13, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH:

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months 6 Days 23 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Restaurant

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Phillips

14. MOTHER'S MAIDEN NAME: Catherine Hamm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Otto A. Kumfert- Item# 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary occlusion — DUE TO — Sudden

Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-13-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11-16-55

NAME OF CEMETERY OR CREMATORY: Parklawn

LOCATION (City, town, or county) (State): Rockville, Md.

DATE RECD BY LOCAL REG. 11/14/55

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR ADDRESS: Robert A. Dunphy Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11014

11025 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 99 days 7 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3
STREET ADDRESS (If rural, give location) 3835 Davis Place N W

3. NAME OF DECEASED: (Type or Print) (First) FLORA (Middle) D (Last) LAWLOR

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 2-26-92

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Angus Gibson

14. MOTHER'S MAIDEN NAME: Mary Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Henry W. Lawlor - 3835 Davis Pl. NW Wash. D.C.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
193X IMMEDIATE CAUSE	(A) Intracerebral hemorrhage	Few Days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Glioblastoma Multiforme Left Frontal lobe	2 years
	DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Early Bronchopn. rt. lower lobe		Few Days

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1955, to Nov 16, 1955, that I last saw the deceased alive on Nov 16, 1955, and that death occurred at 9.30 PM, from the causes and on the date stated above.

SIGNATURE DeWitt C Lawlor ADDRESS M.D. 303 Tabard Inn Rd Bethesda Md. DATE SIGNED 11/22/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/19/55	Fort Lincoln	Bladensburg Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/18/55	Bessie M. Thompson	W. W. Chambers Co.	3072 M St NW

11026

11015 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7917 Chelton Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 7917 Chelton Road

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) R. (Last) LEE

4. DATE OF DEATH (Month) Nov. (Day) 9 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Oct. 31, 1909	46 yrs.	0	8		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Expediter	?	Pennsylvania	USA

13. FATHER'S NAME: C. Atwood Lee

14. MOTHER'S MAIDEN NAME: Natalie Haas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes W. W. II	178-05-2245	Mrs. Helen K. Lee-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bostant M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-9-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-12-55	Parklawn	Montgomery Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/12/55	Bessie McThompson	Robert W. Umpfrey	Bethesda, Md

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

11027 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11016

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 700 Forest Glen Road
MARYLAND
LENGTH OF STAY (in this place): 16 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 700 Forest Glen Road

3. NAME OF DECEASED (Type or Print): (First) AGNES (Middle) WALKER (Last) LEWIS

4. DATE OF DEATH: (Month) NOV. (Day) 20 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 11/21/81

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Allison

14. MOTHER'S MAIDEN NAME: Georgianna (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Orville S. Kennedy, 700 Forest Glen Rd. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary occlusion — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b):
(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: History of previous attacks

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Brostart M.D. Gaithersburg Md 11-20-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/23/55
NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State): Prince George County, Md.

DATE REC'D BY LOCAL REG. Nov 22/55
REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey ADDRESS: 8434 Ga. Ave. Silver Spring, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11028 CERTIFICATE OF DEATH

Reg. Dist. No. 11076

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 7 days 8½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 10021 Sinnott Drive

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) James (Last) Lodge

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-13-26
9. AGE last birthday: 29 yrs.
IF UNDER 1 YEAR: Months 4 Days 27
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Management
10B. KIND OF BUSINESS OR INDUSTRY: U.S. Government
11. BIRTHPLACE (State or foreign country): Hartford, Conn.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James G. Lodge
14. MOTHER'S MAIDEN NAME: Hazel Richard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Navy World War II
16. SOCIAL SECURITY NO. Unknown Yes
17. INFORMANT'S ADDRESS: Elinor Lodge - wife 10021 Sinnott Drive Bethesda

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330X IMMEDIATE CAUSE (A) Massive Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Ruptured Congenital Aneurysm right middle cerebral artery — 2 9-yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/15/55, to 11/10/55, that I last saw the deceased alive on 11/10/55, and that death occurred at 7:40 P.M., from the causes and on the date stated above.
SIGNATURE Charles Navarese Jr., M.D. ADDRESS 4861A Battery Lane DATE SIGNED 11/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial-transit
DATE THEREOF 11-11-55
NAME OF CEMETERY OR CREMATORY Riverside Cem.
LOCATION (City, town, or county) (State) Hartford Co. Conn.

DATE REC'D BY LOCAL REGISTRAR 11/12/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey
ADDRESS Bethesda, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11018

11029

CERTIFICATE OF DEATH

Reg. Dist. No. 24

1. PLACE OF DEATH

COUNTY: MONTGOMERY — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): SILVER SPRING

LENGTH OF STAY (in this place): 18 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 741 SILVER SPRING AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE: MARYLAND — COUNTY: MONTGOMERY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): SILVER SPRING

STREET ADDRESS (If rural give location): 741 SILVER SPRING AVENUE

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) S. (Last) LOUGHERY

4. DATE OF DEATH: (Month) NOVEMBER (Day) 15 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	MARRIED	JUNE 17, 1887	68 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TARIFF EXAMINER	INTER STATE COMMERCE COMM.	NEW YORK	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN LOUGHERY	UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
YES	WW #1	NONE	MARY E. LOUGHERY, 741 SILVER SPRING AVE.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
420.1 IMMEDIATE CAUSE	(A) Coronary heart disease	4 years.
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) arteriosclerosis	
	DUE TO (C) congestive heart failure	5 hrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Cancer prostate.	4 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6, 19 51, to 11/15, 19 55, that I last saw the deceased alive on 11/15, 19 55, and that death occurred at 2 A M, from the causes and on the date stated above.

SIGNATURE F. W. Nealon Jr' M.D. — **ADDRESS** (Street, city, town, state) 1746 K. ST N.W. D.C — **DATE SIGNED** 11/15/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	NOV. 18, 1955	ARLINGTON NATIONAL CEMETERY,	ARLINGTON CO., VA.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 11-18-55	Frances Porter	Warner E. Pumphrey	SILVER SPRING, MD.

11019

MARYLAND — **STATE DEPARTMETT OF HEALTH**

11030 CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place): 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2313 Eccleston St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Dist. of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 5040 New Hampshire Ave NW.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jesse	Alvin	Love	Nov	27	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, (MARRIED) WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White		Jan 8 1884	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auditor	Railroad	Swift, Ohio	U.S.

13. FATHER'S NAME: John Wesley Love

14. MOTHER'S MAIDEN NAME: Jennie Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 577-52-2239

17. INFORMANT AND ADDRESS: Mrs Minie B Love

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0
Immediate cause (a) Congestive heart failure — 6 wks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 5, 1955, to Nov 27, 1955, that I last saw the deceased alive on Nov 26, 1955, and that death occurred at 11.42 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John Lawrence Avery	M.D.	10110 Georgia Ave. Silver Spring Md	Nov 27 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Buried	11-29-55	George Washington	Hyattsville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 28/55	Frances Potter	Neal Funeral Home	4812 Ga. Ave. N.W.

11031

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 11020

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 201 Baden Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring 56
STREET ADDRESS (If rural, give location) 201 Baden Street 1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	Ashby	Luckett	Nov.	21	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	3/17/66	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Poultry & Egg Business - Owner		Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Luckett	Margaret Weedon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Mabel K. Luckett, 201 Baden St. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Bronhart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-22-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/23/55	Fort Lincoln Cemetery	Prince George County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV 23/55	Frances Potter	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11032 CERTIFICATE OF DEATH

Reg. Dist. No. 11021 276

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

Louria. M.D.'s name

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 158 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Nat'l Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Idaho COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) St. Maries 50X-3
STREET ADDRESS (If rural give location) 2137 St. Maries Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) Theodore (Middle) - (Last) Lust
4. DATE OF DEATH: (Month) November (Day) 19 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: March 17, 1909
9. AGE last birthday 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher
10B. KIND OF BUSINESS OR INDUSTRY: Educational
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Lust
14. MOTHER'S MAIDEN NAME: Katherine Schevermann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 540-26-0477
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

178X
IMMEDIATE CAUSE (A) Seminoma with widespread metastases — INTERVAL BETWEEN ONSET AND DEATH: 8 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) No injury
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1955 to Nov 19, 1955, that I last saw the deceased alive on Nov 19, 1955, and that death occurred at M, from the causes and on the date stated above.
SIGNATURE Donald B. Louria M.D
ADDRESS M.D. The Clinical Center Nat'l Institutes of Health
DATE SIGNED Nov 19 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Transit Burial
DATE THEREOF Nov. 20 - 1955
NAME OF CEMETERY OR CREMATORY St. Maries Cemetery
LOCATION (City, town, or county) St. Maries (State) Idaho

DATE REC'D BY LOCAL REGISTRAR 11/21/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR J. Arthur Walters, 254 Carroll St NW DC.
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11022

11033

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Nat'l Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Buchanan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patterson 83 x 3
STREET ADDRESS (If rural give location) None ✓

3. NAME OF DECEASED: (Type or Print) (First) Greta (Middle) Karen (Last) Matney

4. DATE OF DEATH: (Month) (Day) (Year) November 23, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 21 January 1954
9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charlie Matney
14. MOTHER'S MAIDEN NAME: Virgie Horn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: The Clinical Center The medical record, Nat'l Inst of Health

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.2
IMMEDIATE CAUSE (A) Thrombosis - closure of ventricular septal defect — INTERVAL BETWEEN ONSET AND DEATH: 12 hr.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Ventricular septal defect — 21 mos
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11/23/55 3
19B. MAJOR FINDINGS OF OPERATION: Ventricular Septal Defect
20. AUTOPSY? YES [4] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1955, to Nov 23, 1955, that I last saw the deceased alive on Nov 23, 1955, and that death occurred at 10:30 P M, from the causes and on the date stated above.

SIGNATURE R. Robinson Bahr
ADDRESS The Clinical Center
M. D. Nat'l Institutes of Health
DATE SIGNED 11/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF Nov 24 1955 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Grundy Va. (State)

DATE REC'D BY LOCAL REGISTRAR 11/25/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR The S. H. Hines Co. | ADDRESS 2901-4-11th N.W. Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11034 11023

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Sharon Chronic Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney X
STREET ADDRESS (If rural give location) 101 King William Dr.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E (Last) Maus

4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 1955

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 3-25-1868

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerical

10B. KIND OF BUSINESS OR INDUSTRY: St. Treasurers Dept

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S a

13. FATHER'S NAME: Allen Benson

14. MOTHER'S MAIDEN NAME: Mary Brashears

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Mary B. Corwin 101 King William Dr. Olney, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X IMMEDIATE CAUSE (A) Uremia acute + old — INTERVAL BETWEEN ONSET AND DEATH: 7 Days

ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic Glomerular Nephritis — 10 yrs

DUE TO (C) + gen. art. sclerosis + Pulmonary edema

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 22, 1955, to 11 - 9, 1955, that I last saw the deceased alive on 11 9, 1955, and that death occurred at 3½ P M, from the causes and on the date stated above.

SIGNATURE John Beasley Zeigler M. D. ADDRESS Olney, Md DATE SIGNED 11-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11-12

NAME OF CEMETERY OR CREMATORY Rockville Union

LOCATION (City, town, or county) (State) Rockville, Md

DATE REC'D BY LOCAL REGISTRAR 11-9-55

REGISTRAR'S SIGNATURE Gertrude B Fawley

24. FUNERAL DIRECTOR Robert A. Humphreys ADDRESS Bethesda, Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

NOV 14 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11035

CERTIFICATE OF DEATH

11024 215

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5/ U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47X-3
STREET ADDRESS (If rural give location) 29 K Street, N.E. ✓

3. NAME OF DECEASED: (Type or Print) (First) Bessie (Middle) Ann (Last) MAYO

4. DATE OF DEATH: (Month) November (Day) 3 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 2-22-88

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Henry G. JESSUP

14. MOTHER'S MAIDEN NAME: Virginia NEWMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) - -

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Friend Mrs. Mervia HALL Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Coronary embolism — INTERVAL BETWEEN ONSET AND DEATH: hours.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Coronary artery atherosclerosis — years.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Congestive Heart Failure — days

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Oct, 19 55, to 3 Nov, 19 55, that I last saw the deceased alive on 3 Nov, 19 55, and that death occurred at 6:30A M, from the causes and on the date stated above.

SIGNATURE A. J. Cappelletti — ADDRESS — DATE SIGNED

A. J. CAPPELLETTI LT MC USNR U. S. Naval Hospital, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 8 Nov 1955

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 5 Nov 1955

REGISTRAR'S SIGNATURE: Mary E. Farrelly

24. FUNERAL DIRECTOR: Jarvis Funeral Home — ADDRESS: 1432 U Street, N. W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11036

CERTIFICATE OF DEATH

11025

Reg. Dist. No. 21

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

20X52423342

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Olney
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 73 Montgomery County Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural give location): 11913 Lafayette Drive
56 / 1

3. NAME OF DECEASED (Type or Print): (First) Gordon (Middle) Leonard (Last) Mc Cormick

4. DATE OF DEATH: (Month) 11 (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11/20/55

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 1 — IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gerald James Mc Cormick

14. MOTHER'S MAIDEN NAME: Margaret Lillian Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

IMMEDIATE CAUSE (A) Pulmonary Hyaline Membrane — INTERVAL BETWEEN ONSET AND DEATH: 4-6 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Prematurity (weight 3'12")

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 20, 1955, to Nov. 21, 1955, that I last saw the deceased alive on Nov. 21, 1955, and that death occurred at 9:45 a M, from the causes and on the date stated above.

SIGNATURE: Jack Semmelroth M. D. ADDRESS: Gaithersburg Md. DATE SIGNED: Nov. 22, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Nov 23 1955 — NAME OF CEMETERY OR CREMATORY: Poplar Hill Mc — LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REGISTRAR: 11-23-55 — REGISTRAR'S SIGNATURE: Gertrude B Lawler

24. FUNERAL DIRECTOR: Roy W Barber Poolesville Md — ADDRESS

11037

11026 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Berryville Rd - RFD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Germantown (rural)
STREET ADDRESS (If rural, give location) Berryville Rd

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH (Month) (Day) (Year)
Clarence McDonald	Nov 21 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Colored	Married	July 25, 1888	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Janitor	Church	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry McDonald	Lucy Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No		Cora McDonald - Germantown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Found dead not ted
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

420.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
0		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Craig J Boorhaut M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-21-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-25-55	St Paul	Sugarland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 25, 1955	Amelia F. Cole	Robert L. Snowden	Rockville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

11038

Item 18 Film G190 12-12-55 ams

11027

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5304 Wriley Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 5304 Wriley Road

3. NAME OF DECEASED: (Type or Print) (First) BARBARA (Middle) W. (Last) McGARRY

4. DATE OF DEATH (Month) (Day) (Year) November 24, 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 25, 1928

9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR: Months 6 Days 29 IF UNDER 24 HRS.: Hours Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Francis E. Walter

14. MOTHER'S MAIDEN NAME: Mary Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY No.: yes

17. INFORMANT & ADDRESS: Maurice J. McGarry-Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

434.3

Immediate cause (a) (Found dead in bed) — INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiac arrest

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Autopsy and lab. findings were negative.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broerhaut M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 11-24-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 11-26-55 | NAME OF CEMETERY OR CREMATORY Parklawn Cem. | LOCATION (City, town, or county) (State) Rockville Md.

DATE REC'D BY LOCAL REG. 11/28/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | **24. FUNERAL DIRECTOR** Robert C. Pumphrey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 6 See; Birth Cert. et

1096 **CERTIFICATE OF DEATH**

Reg. Dist. No. 12146 23

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park, Maryland
LENGTH OF STAY (In this place) 17
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium and Hospital 75

2. USUAL RESIDENCE (HOME) OF DECEASED:
Newborn
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring, Maryland 56
STREET ADDRESS (If rural give location) 1412 Fenwick Lane

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) McLane

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1955

5. SEX: Girl

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 11/26/55

9. AGE last birthday yrs.

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours 2 Min. 10

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): (Infant)

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Merrill Freemen McLane

14. MOTHER'S MAIDEN NAME: Helene Marie Orban

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Merrill F. McLane 1412 Fenwick Lane, Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776 X

IMMEDIATE CAUSE (A) Prematurity

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: 2 hrs 10 Min

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 26, 1955, to Nov 26, 1955, that I last saw the deceased alive on Nov 26, 1955, and that death occurred at 7:10 P.M, from the causes and on the date stated above.

SIGNATURE George B. Patrick M.D. ADDRESS 9700 Colesville Rd. Silver Spring, Md DATE SIGNED 11-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

DATE THEREOF 12-9-55

NAME OF CEMETERY OR CREMATORY / LOCATION (City, town, or county) (State) Washington Sanitarium and Hospital Takoma Park, Md.

DATE REC'D BY LOCAL REGISTRAR Dec 1 1955

REGISTRAR'S SIGNATURE J. Mona Dodd

24. FUNERAL DIRECTOR ADDRESS R. A. Hare, M.D. 7600 Carroll Ave. T.P. Md

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Written permission received from both parents for disposal of body.

Medical Record Librarian

VS. A15—10-53

20X5374230

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11028

11039 CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 74 Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Hyattsville
STREET ADDRESS (If rural give location) 703 Chillum Rd.

3. NAME OF DECEASED: (First) William Clyde (Middle) (Last) Meade

4. DATE OF DEATH: (Month) November (Day) 1 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: October 28/55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 4 IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Albert Meade
14. MOTHER'S MAIDEN NAME: Rhoda Louise Lindholm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Mother 703 Chillum Rd W. Hyattsville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

770.0
IMMEDIATE CAUSE (A) Bilateral subarachnoid hemorrhage due to — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Erythroblastosis fetalis due to

(C) Rh neg Mother - Rh pos. baby

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary insufficiency

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 28, 1955, to Nov 1, 1955, that I last saw the deceased alive on Nov 1, 1955, and that death occurred at 10:10A M, from the causes and on the date stated above.

SIGNATURE John Lawrence Avery M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 11-2-55
NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory
LOCATION (City, town, or county) (State) Prince Georges Md

DATE REC'D BY LOCAL REGISTRAR 11-2-55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Robert A. Dunphrey
ADDRESS Bethesda, Md.

2005372304

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11029

11040 CERTIFICATE OF DEATH Reg. Dist. No. 21F

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 914 Sligo Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 914 Sligo Avenue

3. NAME OF DECEASED: (Type or Print) (First) NAPOLEON (Middle) BONAPARTE (Last) MONCRIEF

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 12/5/83

9. AGE last birthday 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Traffic Suprintendant

10B. KIND OF BUSINESS OR INDUSTRY: RR (Retired)

11. BIRTHPLACE (State or foreign country): Roberta, Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown Moncrief

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Mr. Thomas J. Moncrief, 8009 Takoma Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157 X

IMMEDIATE CAUSE (A) Congestive Heart Failure Acute — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Carcinoma of the Pancreas — 6 months

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Oct, 1955 to 22 Nov, 1955, that I last saw the deceased alive on 21 Nov., 1955, and that death occurred at 10 A. M, from the causes and on the date stated above.

SIGNATURE L. B. Snow M. D. ADDRESS Silver Spring, Md. DATE SIGNED 22 Nov. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/25/55

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 1-25-56

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

11030

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10961 **CERTIFICATE OF DEATH** Reg. Dist. No. 223-

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park Md
LENGTH OF STAY (in this place) 2½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 Wash. San. + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna 83X-3
STREET ADDRESS (If rural give location) R.F.D # 3 Madrillon Rural Station

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Robert (Last) Moore

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 5-13-98

9. AGE last birthday 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk - Post Office Dept.

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Moore

14. MOTHER'S MAIDEN NAME: Hannah Hay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) None (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Wash. San. + Hosp. Records + (wife)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Coronary thrombosis
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1955, to Nov, 1955, that I last saw the deceased alive on Nov 1, 1955, and that death occurred at 1 10 P.M., from the causes and on the date stated above.

SIGNATURE Arthur E Coyne M. D. ADDRESS Takoma Park Md DATE SIGNED 11-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF 11-2-1955 — NAME OF CEMETERY OR CREMATORY J.W.M. Lee + Son — LOCATION (City, town, or county) (State) Washington - D.C.

DATE REC'D BY LOCAL REGISTRAR Nov 2nd 1955 — REGISTRAR'S SIGNATURE Milton Dodd

24. FUNERAL DIRECTOR J.W.M. Lee — ADDRESS 300-4 St. Wash. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11031

11041 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4910 Crescent Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda X
STREET ADDRESS (If rural give location) 4910 Crescent Street

3. NAME OF DECEASED: (First) Cynthia (Middle) Mavera (Last) MORGAN

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 10, 1955 (5d)

9. AGE last birthday yrs. IF UNDER 1 YEAR Months 2 Days 8 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph M. Morgan

14. MOTHER'S MAIDEN NAME: Mavera E. Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Joseph M. Morgan Father, 4910 Crescent St. Beth. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Congenital Heart Disease. Atresia — 3 mo

DUE TO

(C) biliary ducts. Microcephaly.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Congenital cleft Palate & Hare Lip

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Sept., 1955, to 17 Nov., 1955, that I last saw the deceased alive on 17 Nov., 1955, and that death occurred at 9:30 A M, from the causes and on the date stated above.

SIGNATURE Tom H Veerdman M. D. ADDRESS Washington Clinic DATE SIGNED 11-18-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-21-55 | NAME OF CEMETERY OR CREMATORY Arlington National | LOCATION (City, town, or county) (State) Arlington Co. Va.

DATE REC'D BY LOCAL REGISTRAR 11/21/55 | REGISTRAR'S SIGNATURE Bessie M Thompson

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

90595991990

MARYLAND

11032

STATE DEPARTMETT OF HEALTH

11042

CERTIFICATE OF DEATH

Reg. Dist. No. 214

Item 2, Film G189 11-21-55 et

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR X TOWN Rural-Sil Sp.; MARYLAND LENGTH OF STAY (in this place) 4/24 - 11/9-55; HOSPITAL OR INSTITUTION OR STREET ADDRESS Le Deau Gardens

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Silver Spring X; STREET ADDRESS 210 Hodges Lane (If rural, give location) Le Deau Gardens

3. NAME OF DECEASED (Type or Print): (First) LOUISE (Middle) E. (Last) MORRIS

4. DATE OF DEATH (Month) Nov. (Day) 9 (Year) 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 20 1884

9. AGE last birthday: 71 yrs. If under 1 year: Months; Days; If under 24 hr: Hours; Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Parkers Landing Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Robinson

14. MOTHER'S MAIDEN NAME: Tankerown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS 7410-Piney Br. Rd. Lee Enbright (Guardian) Sil Spring Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 6 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1955, to Nov. 9, 1955, that I last saw the deceased alive on Nov. 9, 1955, and that death occurred at 7:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard B. Thibadeau MD — ADDRESS Box 57 Sil Spring Md — DATE SIGNED Nov. 9-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 11/14/55 — NAME OF CEMETERY OR CREMATORY: Arlington Gdns. — LOCATION (City, town, or county) Arlington — (State) Va

DATE REC'D BY LOCAL REG. 11-11-55 — REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR W. W. Chambers Co — ADDRESS 1400 Chapin St N.W.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11043 11033

CERTIFICATE OF DEATH

Reg. Dist. No. 27

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY MONTGOMERY. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING

LENGTH OF STAY (in this place) 1 YEAR

HOSPITAL OR INSTITUTION OR STREET ADDRESS 2700 ARCOLA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MD. COUNTY MONTGOMERY.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING

STREET ADDRESS (If rural, give location) 2700 ARCOLA AVE.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) HIGHBARGER (Last) MOSE.

4. DATE OF DEATH: (Month) NOV. (Day) 29 (Year) 1955.

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED.

8. DATE OF BIRTH: MARCH 6, 1876

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street car Conducto.

10b. KIND OF BUSINESS OR INDUSTRY: Street car.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ALFRED MOSE

14. MOTHER'S MAIDEN NAME: HANNAH HIGHBARGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: 538-10-5005

17. INFORMANT & ADDRESS: W.A. MOSE 2700 Arcola Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary Occlusion.	3 Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary artery Disease.	3 years
	DUE TO (c) General atherosclerosis.	10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Congestive Heart Failure.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1954, to Nov. 29, 1955, that I last saw the deceased alive on Nov. 29, 1955, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

James a. Roberts M.D. 8907 Georgia Ave. Silver Spring, Md. Nov. 29, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12/2/55

NAME OF CEMETERY OR CREMATORY Glen Wood Cemetery

LOCATION (City, town, or county) (State) Washington Co. Md.

DATE REC'D BY LOCAL REG. 11/30/55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR ADDRESS

Martin W. Hyland & Co

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11044 CERTIFICATE OF DEATH

Reg. Dist. No. 215 11034

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 5 mo 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) College Park 16-14-2
STREET ADDRESS (If rural give location) 4318 Rowalt Drive

3. NAME OF DECEASED: (Type or Print) (First) Edward (Middle) Francis (Last) MULLIGAN

4. DATE OF DEATH: (Month) November (Day) 22 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 9-20-98
9. AGE last birthday 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Relations
10B. KIND OF BUSINESS OR INDUSTRY: American Trucking
11. BIRTHPLACE (State or foreign country): Massachusetts
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Martin MULLIGAN
14. MOTHER'S MAIDEN NAME: Mary DUGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Son James M. MULLIGAN Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

951X
IMMEDIATE CAUSE (A) Hepatic Coma — INTERVAL BETWEEN ONSET AND DEATH: 3days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Serum Homologus jaundice — 5days
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Renal failure — 3days

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Jun, 1955, to 22 Nov, 1955 that I last saw the deceased alive on 22 Nov, 1955, and that death occurred at 10:00 M, from the causes and on the date stated above.

SIGNATURE W. J. Freud Lt MC USN — ADDRESS W. J. FREUD LT MC USN U. S. Naval Hospital, NNMC, Bethesda, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 28 Nov 1955
NAME OF CEMETERY OR CREMATORY Arlington National Cemetery
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 23 Nov 1955
REGISTRAR'S SIGNATURE Mary E. Farrell
24. FUNERAL DIRECTOR Gaschs Funeral Home
ADDRESS Hyattsville, Maryland

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

V5 A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11045 CERTIFICATE OF DEATH

11035

Reg. Dist. No.....

Boyds

1. PLACE OF DEATH

COUNTY Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boyds ----Rural

LENGTH OF STAY (in this place) 79yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Montg.

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boyds-----Rural

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Elizabeth (Last) Nicholson

4. DATE OF DEATH (Month) Nov. (Day) 6 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Feb. 17-1876	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S

13. FATHER'S NAME Thomas McDonough

14. MOTHER'S MAIDEN NAME Rachel Keith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS Lester Nicholson, Boyds, R.F.D. Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

502.0 IMMEDIATE CAUSE (A) Arteriosclerotic cardiovascular disease — Interval between onset and death: 10 yrs.

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Chronic Bronchitis & Emphysema — 15 years.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1950, to Nov. 6, 1955, that I last saw the deceased alive on Nov. 5, 1955, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE James V. Kerr M.D. ADDRESS (Street, city, town, state) Hamesses Md DATE SIGNED 11/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/9/55	Methodist	Hyattstown, Md

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
11/9/55	Charles W. Elgin	William B. Hilton, Barnesville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10962 CERTIFICATE OF DEATH

Reg. Dist. No. 11036

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 700 Hudson ave, Takoma Pk. — LENGTH OF STAY (in this place) 17

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wakefield Nursing Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Dist of Columbia — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 47x-3

STREET ADDRESS (If rural, give location) All States Hotel

3. NAME OF DECEASED: (Type or Print) (First) Adele (Middle) ADELE (Last) Nyc

4. DATE OF DEATH: (Month) November (Day) 12 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	never married	Sept 28, 1879	76 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Clerk	Govt. Survey Co	Washington D.C.	USA

13. FATHER'S NAME: Luther Blodgett Nye

14. MOTHER'S MAIDEN NAME: Mrs Sophie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

153X

Immediate cause (a) Abdominal Carcinomatosis — Interval between onset and death: 1 yr.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carcinoma of Colon — 3 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 10 yrs; Arteriosclerotic Heart Disease — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May, 1930, to Nov. 12, 1955, that I last saw the deceased alive on 10 Nov., 1955, and that death occurred at 8:15 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Robert W. Liggett M.D. — ADDRESS 1835 Eye St. NW. Washington D.C. — DATE SIGNED 12 Nov 55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 14, 1955	Glenwood Cem.	Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 17 1955	J. Alton Dodd	S.H. Hines Co	2901-14th St. NW Wash. D.C.

11400

11037 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Layhill Rd - R-1 rural

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring (rural)
STREET ADDRESS (If rural, give location) Layhill Rd - R-1

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Vincent Raymond Oberlin	Nov 25 1955	male	white	Married	2-17-15	40 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John J. Oberlin	Jacqueline E. Spangler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
yes WW #2	214-03-8958	Hazel Oberlin (wife) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Asphyxia due to carbon	found dead in auto at home
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) monoxide poisoning	
	DUE TO (c)	

973.1

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hose attached from exhaust & Item rear window

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Fred J Broschart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-25-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/29/55	Arlington National Cemetery	Arlington, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 28/55	Frances Potter	Warner E. Pumphrey	8434 Ga. Ave. Silver Spring, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11038

11046 CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Rural
LENGTH OF STAY (in this place) 2mo 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE North Carolina COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Camp LeJeune 70x-3
STREET ADDRESS (If rural give location) 2nd Med Bat 2nd Marine Division

3. NAME OF DECEASED: (First) Barbara (Middle) Theresa (Last) OLIVE

4. DATE OF DEATH: (Month) November (Day) 28 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 3-8-55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months 8 Days 20 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Troy OLIVE
14. MOTHER'S MAIDEN NAME: Joan RUFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Father Troy OLIVE Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 756.2 (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

OUE TO (B) Fibrocystic disease of pancreas (mucoviscidosis) — 8 mo

OUE TO (C) — 20 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Sep., 1955 to 28 Nov., 1955, that I last saw the deceased alive on 28 Nov., 1955, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

SIGNATURE Howard A Pearson ADDRESS DATE SIGNED
H.A. PEARSON LTJG, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 30 Nov 1955
NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery
LOCATION (City, town, or county) (State) Lexington Park, Maryland

DATE REC'D BY LOCAL REGISTRAR 28 Nov 1955
REGISTRAR'S SIGNATURE Mary E. Farrelly
24. FUNERAL DIRECTOR ADDRESS Robinson Funeral Home Lexington Park, Maryland

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11047 11039

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH

COUNTY Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda

LENGTH OF STAY (in this place) 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Maryland COUNTY Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville

STREET ADDRESS (If rural give location) Route 2

3. NAME OF DECEASED (Type or Print) (First) Dorothy (Middle) Willian (Last) Olsen

4. DATE OF DEATH (Month) Nov (Day) 25 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	March 26, 1905	50 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Chicago, Ill.	U.S.

13. FATHER'S NAME Emil F. Peterson

14. MOTHER'S MAIDEN NAME Signe Silven

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	None	Myles S. Olsen- Item # 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage Right Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) Hypertension — 10 yrs.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 1955, to Nov 25, 1955, that I last saw the deceased alive on Nov 24, 1955, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE W. B. Murphy M. D. — ADDRESS (Street, city, town, state) Rockville Md — DATE SIGNED 25 Nov 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-28-55	Parklawn	Rockville, Maryland

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 11/28/55	Bessie M. Thompson	Robert A. Pumphrey	Bethesda, Md.

11048 11040

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 247

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 730 CHESAPEAKE AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN SILVER SPRING
STREET ADDRESS (If rural, give location) 730 CHESAPEAKE AVENUE

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) EDGAR SAMUEL ORRISON

4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 14 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	MARCH 17, 1886	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Owner -----	DAIRY FARMER	LOUDOUN COUNTY, VA.	U. S. A.

13. FATHER'S NAME: JOHN S. ORRISON

14. MOTHER'S MAIDEN NAME: EFFIE VERTS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
NO	NONE	MRS. ROBT. L. CAMPBELL, 730 CHESAPEAKE AVE., SS., MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 420.1	(a) Coronary occlusion	Sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Bosckart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-14-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11/17/55	ROCK CREEK CEMETERY	WASHINGTON, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/16/55	Frances Potter	Warner E. Pumphrey	SILVER SPRING, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11041

11049 CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Norbeck
LENGTH OF STAY (in this place) 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bradfords Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg
STREET ADDRESS (If rural give location) R.7. D #

3. NAME OF DECEASED: (First) George (Middle) H. (Last) Owens
4. DATE OF DEATH: (Month) Nov. (Day) 7, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	Dec. 17, 1898	56 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	U.S.A.

13. FATHER'S NAME: John H. Owens
14. MOTHER'S MAIDEN NAME: Mary V. Ivory

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Mrs Augusta Owens Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X IMMEDIATE CAUSE (A) Heart Failure

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Carcinoma in apex of left lung DUE TO

(C) Metastasis to both lungs

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1955, to Nov 6, 1955, that I last saw the deceased alive on Nov 6, 1955, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE Luvicus L. Leak M.D. ADDRESS Gaithersburg DATE SIGNED 11/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-9-55	Mt. Zion	Barnesville, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-9-55	Gertrude B Lawson	Robt. L. Snowden	Rockville, Md

VS. A15 — 10 - 53

10963

11042
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 37 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 36 Philadelphia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 36 Philadelphia Ave,

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lester Eugene Padgett	Nov 14 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Married	June 29, 1899	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired C T C Gas Operator	C.T.Co.	Clinton, Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Aloysius Padgett	Mattie Windsor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	578-10-8310	Gwendoline Mary Padgett 36 Philadelphia Ave, Takoma Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Coronary occlusion	Sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Boorchart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-14-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 16, 1955	Cedar Hill Cemetery	Falls Ext. Va Geo Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 14 1955	J. Milton Dodd	Gilbert L Talbert	254 Carroll St NW Takoma Park, 12, DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

11043

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11050 **CERTIFICATE OF DEATH** Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY 47X3
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 3916 Legation St N.W.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) James (Last) Patterson

4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	White	Married	June 14 1880	75 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Gov't Official		Wisconsin	U.S.

13. FATHER'S NAME: Amos Patterson

14. MOTHER'S MAIDEN NAME: Mary Bidwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No		Mrs. Margaret Patterson 3916 Legation St. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330X

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A)	Subarachnoid Hemorrhage	6 days
ANTECEDENT CAUSE (S) DUE TO (B)	Infarction Rt Cerebrum	12 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Cerebral arteriosclerosis	8 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐
—	—	

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Nov. 13, 1955, to Nov. 24, 1955, that I last saw the deceased alive on Nov. 23, 1955, and that death occurred at 2:20 P.M., from the causes and on the date stated above.

SIGNATURE C. A. Richwine M. D. ADDRESS 5504 Western Ave. DATE SIGNED Nov. 24, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-28-1955	Ft. Lincoln Cemetary	Prince George Co. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
11-25-55	Bessie M. Thompson	2901 14th St N.W. F.H. Hines Co. Wash. D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11051

11044 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 1 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosmor Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D C COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 47X-3
STREET ADDRESS (If rural, give location) 1914 Conn Ave N.W

3. NAME OF DECEASED: (Type or Print) (First) Katharine (Middle) Elizabeth (Last) Peyton

4. DATE OF DEATH (Month) Nov (Day) 9 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 4-19-1874

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): D C

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Geo W. Evans

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Nursing Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cardiac failure — Interval between onset and death: 9 days
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Fracture of R hip — 6½ wks
DUE TO
(c)

904.0

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY) Home

21c. (City or town) Wash. (County) D C (State)

21d. TIME OF INJURY (Month) 9-21 (Day) (Year) 55 (Hour) 7 M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Fell at home

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Brockhurst M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-9-55

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF 11-12-55 NAME OF CEMETERY OR ~~CREMATORY~~ Oak Hill LOCATION (City, town, or county) (State) Wash. D. C.

DATE REC'D BY LOCAL REG. 11/14/55 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Jos. Gawler Sons ADDRESS 1756 Pa Ave N.W WASH. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11052 11045

CERTIFICATE OF DEATH

Reg. Dist. No. 276

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Nat'l Institutes of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 8432 Pine Branch Court 56 1

3. NAME OF DECEASED: (First) J. (Middle) Carl (Last) Phillips
4. DATE OF DEATH: (Month) November (Day) 18, (Year) 19 55
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 11, 1901
9. AGE last birthday 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator
10B. KIND OF BUSINESS OR INDUSTRY: House of Congress
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elbert Phillips
14. MOTHER'S MAIDEN NAME: Ada West
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: The medical record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE 446X
(A) Pulmonary hemorrhage and edema
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Uremia
DUE TO (C) Malignant nephrosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) None (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1955, to Nov 18, 1955, that I last saw the deceased alive on Nov 18, 1955, and that death occurred at ..... M, from the causes and on the date stated above.
SIGNATURE Richard Masters M.D. for Herbert Tarnbaum M. D. ADDRESS The Clinical Center Nat'l Inst. of Health DATE SIGNED Nov. 18, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 11-19-55 | NAME OF CEMETERY OR CREMATORY? Easley Cem. | LOCATION (City, town, or county) Easley (State) South Carolina

DATE REC'D BY LOCAL REGISTRAR 11/21/55 | REGISTRAR'S SIGNATURE Bessie McThompson
24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 5434 Ga Ave SS. NW

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Items 11,12 FilmG189 11-21-55 et

11053 **CERTIFICATE OF DEATH**

11046

Reg. Dist. No. 713

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Potomac
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Pine View Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 120 So Adams St

3. NAME OF DECEASED: (Type or Print) (First) Otho (Middle) J (Last) Plummer

4. DATE OF DEATH: (Month) Nov (Day) 8 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 9/1/1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months 2 Days 7 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Plummer

14. MOTHER'S MAIDEN NAME: Sarah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 120-05-5316A

17. INFORMANT & ADDRESS: Pine View Sanitarium Potomac Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X

IMMEDIATE CAUSE (A) Probable malignancy, right lung + liver. — INTERVAL BETWEEN ONSET AND DEATH: 2 months.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertensive cardiovascular disease 2 yrs

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18 1955 to Nov. 8, 1955, that I last saw the deceased alive on Nov. 6, 1955, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE Wm. A. Smithson, M. D. ADDRESS Rockville, Md. DATE SIGNED 11/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 11-55 — NAME OF CEMETERY OR CREMATORY Rockville Union — LOCATION (City, town, or county) Rockville (State) Maryland

DATE REC'D BY LOCAL REGISTRAR 11/10/55 — REGISTRAR'S SIGNATURE Laurel H. Brayton

24. FUNERAL DIRECTOR T. A. Pumphrey — ADDRESS Bel R. Maryland

11047

MARYLAND — **STATE DEPARTMETT OF HEALTH**

11054 CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 56
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9308 Ocala Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: New York — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Buffalo
69x-3
STREET ADDRESS (If rural, give location): 84 Armbruster Street ✓

3. NAME OF DECEASED (Type or Print): (First) PETER (Middle) T. (Last) POMARZYNSKI

4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
male	white	married	5/1/84	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tool and Die maker
10b. KIND OF BUSINESS OR INDUSTRY: Steel Industry
11. BIRTHPLACE (State or foreign country): Buffalo, New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Pomarzynski
14. MOTHER'S MAIDEN NAME: Josephine (unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: 105-09-5824 A
17. INFORMANT AND ADDRESS: Mrs. Henry M. Dombrowski, 9308 Ocala St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 **Immediate cause**	(a) CORONARY THROMBOSIS	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Atherosclerosis	20 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY** — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURRED** While at Work ☐ Not While At work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 31 Oct., 1955, to 1 Nov., 1955, that I last saw the deceased alive on 1 Nov., 1955, and that death occurred at 8 40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L.B. Snow M.D. — **ADDRESS:** Silver Spring, Md. — **DATE SIGNED:** 1 Nov. 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Trans. & Burial	11/2/55	St. Stanislaus Cemetery	Buffalo, New York

DATE REC'D BY LOCAL REG.: 11-2-55 — **REGISTRAR'S SIGNATURE:** Frances Potter

24. FUNERAL DIRECTOR: Warner E. Pumphrey — **ADDRESS:** 8434 Ga. Ave. Silver Spring, Md.

Dr Broschart Notified and approved

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11048

10975 CERTIFICATE OF DEATH Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 127 W. Montg. Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 127 W. Montg. Avenue

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) ALVIN (Last) POSEY

4. DATE OF DEATH: (Month) Nov. (Day) 30, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 15, 1870

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months 8 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Posey

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Lillian E. Posey Wife- 127 W.Montg.Ave. Rockville,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH: 10 YRS.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) GENERALIZED ARTERIOSCLEROSIS — 20 YRS.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952, to 30 Nov, 1955, that I last saw the deceased alive on 25 Nov, 1955, and that death occurred at 2:40 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) William G Hall MD ADDRESS Rockville, Md DATE SIGNED 11/30/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 12-3-55

NAME OF CEMETERY OR CREMATORY St. Mary's

LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REG. 12/1/55

REGISTRAR'S SIGNATURE Laurence K. Bigley

24. FUNERAL DIRECTOR Robert H. Humphrey ADDRESS Bethesda, Md.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11049

11055 # CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH

COUNTY Montgomery — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda

LENGTH OF STAY (in this place) 5 hrs 10 min

HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE Md. COUNTY Montgomery

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg

STREET ADDRESS (If rural give location) Metropolitan Grove

3. NAME OF DECEASED (Type or Print) (First) Gladys (Middle) Irene (Last) Feather

4. DATE OF DEATH (Month) Nov. (Day) 22 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Fe	Col.	Married	Dec 15, 1907	47 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Homes & Institutions

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Cye Frazier

14. MOTHER'S MAIDEN NAME: Mary Noland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Bradley Feather — Route 3 Gaithersburg

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Massive Pontine Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Essential Hypertension and — 2 years

DUE TO (C) Cerebral arteriosclerosis — 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 22, 1955, to Nov 22, 1955, that I last saw the deceased alive on Nov 22, 1955, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

SIGNATURE Aaron H. Traum M.D. — **ADDRESS** (Street, city, town, state) 8237 Georgia Ave Silver Spring Md — **DATE SIGNED** 11-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/25/55	St. Rose	Cloppers, Md.

24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE Nov. 29, 1955	Mrs. Bessie Thompson	Robert L. Snowden.	Rockville, Md.

RECEIVED
NOV 30 1955
BUREAU V. S.

10976 Item 7, Film 89, 11-16-55 ef

11050

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 213

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Martins Lane

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) Martins Lane

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	H	Proctor	Nov	4	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	Aug. 9, 1889	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Janitor		Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William H. Proctor	Annie Nugent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		Dorothy Proctor. Rockville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia due to hanging	Found hanging in garage at home
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.), INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Bosshart M. D.
CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-4-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-8-55	Lincoln Park	Rockville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/8/55	Laurel H. Kaylor	Robert L. Snowden	Rockville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11051

10964 **CERTIFICATE OF DEATH**

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park, Md
LENGTH OF STAY (in this place) 3½ Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium + Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Springs 56
STREET ADDRESS (If rural give location) 9409 Wire Ave. 1

3. NAME OF DECEASED: (First) Nina (Middle) R (Last) Pruitt

4. DATE OF DEATH: (Month) 11 (Day) 30 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):
8. DATE OF BIRTH: 6-26-91
9. AGE last birthday 64 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY: Hswf.
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Rhodes
14. MOTHER'S MAIDEN NAME: Sallie Hester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X IMMEDIATE CAUSE (A) Metastatic Carcinoma of Brain — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Primary Carcinoma of Pancreas — 3 mos.

(C) with Metastasis to liver

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 18 Sept. 1955
19B. MAJOR FINDINGS OF OPERATION: Carcinoma of Pancreas & metastasis to Liver and Complete Obstruction of Common bile duct.
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 17, 1955 to Nov. 30, 1955 that I last saw the deceased alive on Nov. 29 1955, and that death occurred at 4:55 A.M., from the causes and on the date stated above.

SIGNATURE Russell B. Arnold M.D. ADDRESS 880 Colesville Rd. Silver Spring Md DATE SIGNED 30 Nov. 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 12/2/55
NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery
LOCATION (City, town, or county) (State): Prince Geo. County, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 30-1955
REGISTRAR'S SIGNATURE: Wilson Dodd
24. FUNERAL DIRECTOR: Warner & Pumphrey
ADDRESS: 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11056 CERTIFICATE OF DEATH

Reg. Dist. No. 2/6 11052

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4713 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
STREET ADDRESS (If rural give location) 4713 Maple Ave.

3. NAME OF DECEASED: (First) MARY (Middle) C (Last) RABBITT

4. DATE OF DEATH: (Month) Nov. (Day) 27, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Oct. 19, 1871

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months 1 Days 8 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Homemaker

11. BIRTHPLACE (State or foreign country): Montgomery Co, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Daniel Leonard Kraft

14. MOTHER'S MAIDEN NAME: Mary Catherine Rabbitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Mary M. Gaver Neice- 4713 Maple Ave., Bethesda, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hr

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart Disease — 10 yrs

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, 19..., to Nov, 1955, that I last saw the deceased alive on Oct 31, 1955, and that death occurred at 4:30 A M, from the causes and on the date stated above.

SIGNATURE M. D. — ADDRESS 8016 Grafton St — DATE SIGNED 11/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11-30-55

NAME OF CEMETERY OR CREMATORY: St. John's Cemetery

LOCATION (City, town, or county) (State): Montgomery Co. Md.

DATE REC'D BY LOCAL REGISTRAR: 11/28/55

REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Dunphey

ADDRESS: Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11053

11057 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 25 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5/ U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Arlington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arlington 83 X-2
STREET ADDRESS (If rural give location) 505 Arlington Village

3. NAME OF DECEASED: (Type or Print) (First) Remigia (Middle) Kane (Last) RAUBER

4. DATE OF DEATH: (Month) NOV (Day) 11 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 31 MAR 1903

9. AGE last birthday 52 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James H. KANE

14. MOTHER'S MAIDEN NAME: Catherine SHARP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MSGT Francis D. RAUBER, USMC, Same as 2

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X IMMEDIATE CAUSE (A) Metastatic carcinoma of liver — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSE (S) (B) DUE TO Squamous cell carcinoma of cervix — 14 mo.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Oct, 1955, to 11 Nov, 1955, that I last saw the deceased alive on 12 Nov, 1955, and that death occurred at 7:41 a M, from the causes and on the date stated above.

SIGNATURE F. H. Cary — ADDRESS F. H. CARY, LT MC USNR, U.S. Naval Hospital NNMC, Bethesda 14, Maryland — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11 Nov 1955 — NAME OF CEMETERY OR CREMATORY Arlington Natl Cemetary — LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REGISTRAR 11 Nov 55 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS R. A. PUMPHREY Funeral Home, Bethesda, Md.

11058

11054

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 214

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 705 Sligo Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Montgomery

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Silver Spring

STREET ADDRESS (If rural, give location) 705 Sligo Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Richard	L.	Reed	Nov.	21	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4/8/1900	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Installer	Burwell Vault Co.	Round Hill, Virginia	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Franklin Reed	Margaret Ann (unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	577-05-6390	Mrs. Margaret B. Reed, 705 Sligo Ave. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	Suddenly
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☑, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J Broschart M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 11-22-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/25/55	Parklawn Cemetery	Montgomery County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-25-55	Frances Potter	Warner B. Pumphrey	8434 Ga. Ave. Silver Spring, Maryland

RECEIVED

NOV 8 1955

BUREAU V. S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11059 **CERTIFICATE OF DEATH** 11055

Reg. Dist. No. 214

1. PLACE OF DEATH

COUNTY MONTGOMERY — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 SILVER SPRING

LENGTH OF STAY (In this place) 5 YRS.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 2305 DARROW AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED

STATE D. C. COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WASHINGTON 47x-3

STREET ADDRESS (If rural give location) 639 6th STREET, N. E.

3. NAME OF DECEASED (Type or Print): (First) FURMAN (Middle) T (Last) REPLOGLE

4. DATE OF DEATH (Month) NOV. (Day) 16 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	MARRIED	JULY 12, 1893	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MECHANIC	STUART MOTORS	BOONSBORO, CAROLINE CO., MD.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANKLIN M. REPLOGLE	SARAH IMLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
NO	577-18-0648	MRS. HAZEL C. REPLOGLE, 2305 DARROW ST., SILVER SPRING, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Cancer Colon — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
9/55	Inoperable Cancer Colon	YES ☐ NO ☒

21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1955, to Nov. 16, 1955, that I last saw the deceased alive on Nov. 16, 1955, and that death occurred at 8 P.M, from the causes and on the date stated above.

SIGNATURE John J Cuny M.D. — ADDRESS (Street, city, town, state) 11301 Georgia Ave S.S. — DATE SIGNED 11/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	11/19/55	FT. LINCOLN CEMETERY	PRINCE GEO. COUNTY, MD.

24. REC'D BY REGISTRAR DATE	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
11/22/55	Frances Potter	Warner & Pumphrey	8434 GA. AVE. SILVER SPRING, MARYLAND

11060 11056

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr. Darnestown | LENGTH OF STAY (in this place) 36 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gaithersburg R-3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Monty
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Nr. Darnestown
STREET ADDRESS (If rural, give location) Gaithersburg R-3

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Gilbert (Last) Roberts
4. DATE OF DEATH (Month) Nov (Day) 14 (Year) 19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	3-21-84	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Wm Roberts
14. MOTHER'S MAIDEN NAME: Emma Bussman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Grace Belmont, Cook (Sister) Damascus Star Rt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion		Sudden
DUE TO			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)		
DUE TO			
	(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brostart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 11-14-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-17-55	Darnestown	Darnestown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	& FUNERAL DIRECTOR	ADDRESS
11/16/55	Laurell K. Frazier	Robert H. Brumbley	Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11057

11061 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 98 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3
STREET ADDRESS (If rural give location) 1919 Pennsylvania Ave., N. W.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Augusta (Last) Royce

4. DATE OF DEATH: (Month) Nov. (Day) 21, (Year) 1955

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 28, 1904

9. AGE last birthday 51 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Roofer

10B. KIND OF BUSINESS OR INDUSTRY: Roofer- Contr.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Royce

14. MOTHER'S MAIDEN NAME: Louise Beckmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 579-01-8573

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Acute posterior myocardial infarction

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Thrombotic occlusion Rt. coronary artery.

DUE TO (C) Coronary artery disease

INTERVAL BETWEEN ONSET AND DEATH 3-4 a

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Rheumatoid arthritis

19A. DATE OF OPERATION: 2 None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 15, 1955 to Nov. 21, 1955 that I last saw the deceased alive on Nov. 21, 1955, and that death occurred at 6:30A M, from the causes and on the date stated above.

SIGNATURE James B. Field M. D. ADDRESS The Clinical Center, NIH, Bethesda, Md. DATE SIGNED 11/21/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 11-25-55 NAME OF CEMETERY OR CREMATORY Ft. Lincoln LOCATION (City, town, or county) (State) 3201- Bladensburg Rd. D.C.

DATE REC'D BY LOCAL REGISTRAR 11/23/55 REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 3072- Mt. Pl. N.W.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11058

11062 CERTIFICATE OF DEATH Reg. Dist. No. 2396

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda
LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Lynchburg
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lynchburg 83x-3
STREET ADDRESS (If rural give location) 705 Riverside Drive

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Harris (Last) Ruffin

4. DATE OF DEATH: (Month) Nov. (Day) 1, (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Oct. 2, 1907

9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months 0 Days 29 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10B. KIND OF BUSINESS OR INDUSTRY: School Board

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clement M. Harris

14. MOTHER'S MAIDEN NAME: Maude Collawn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 231-40-9677

17. INFORMANT & ADDRESS: The Medical Record, Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X IMMEDIATE CAUSE (A) Herniation of brain stem. Carcinoma of breast metastatic to brain

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of breast

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 3 Oct. 7, 1955

19B. MAJOR FINDINGS OF OPERATION: Carcinoma of right parieto-occipital region

20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from Oct. 2, 1955, to Nov. 1, 1955, that I last saw the deceased alive on Nov. 1, ..., 1955., and that death occurred at 6:15A M, from the causes and on the date stated above.

SIGNATURE Wm. M. Headley M.D. M.D. ADDRESS The Clinical Center, NIH, Bethesda, Md. DATE SIGNED 11/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 11-4-55

NAME OF CEMETERY OR CREMATORY: Green Hill Cem.

LOCATION (City, town, or county) (State): Pitsylvania Co. Va.

DATE REC'D BY LOCAL REGISTRAR 11/3/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR: Robert A. Humphreys ADDRESS: Bethesda, Md.

11063 11059

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7000 Bybrook Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 7000 Bybrook Lane

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) R. (Last) RUIZ

4. DATE OF DEATH (Month) (Day) (Year) Nov. 22, 1955 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: April 27, 1928

9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR: Months 6 Days 25 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Real Estate

10b. KIND OF BUSINESS OR INDUSTRY: Salesman

11. BIRTHPLACE (State or foreign country): New York City

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John P. Ruiz

14. MOTHER'S MAIDEN NAME: Elizabeth Brennan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) Korean

16. SOCIAL SECURITY NO.: 578-24-4300

17. INFORMANT & ADDRESS: Elizabeth Ruiz- Item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 353.2 Asphyxia — Interval Between Onset and Death: 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Drowning — 5 min

DUE TO (c) Status Epilepticus — 5 min

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 2

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE David J. Bruchart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-23-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11/25/1955

NAME OF CEMETERY OR CREMATORY Mt. Olivet

LOCATION (City, town, or county) (State) Washington D. C.

DATE REC'D BY LOCAL REG. 11/23/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert B. Humphreys

ADDRESS Bethesda, Md.

11060

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10965 CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park.
LENGTH OF STAY (in this place) 7 hr - 15 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San & Hosp Takoma Park Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rockville
STREET ADDRESS (If rural give location) 1220 Highwood Rd.

3. NAME OF DECEASED: (First) — (Middle) — (Last) Sabo
4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	—	11-9-55	— yrs.			7	15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	—	Takoma Park Md.	

13. FATHER'S NAME: Edward Harvey Sabo
14. MOTHER'S MAIDEN NAME: Nellie Mae Kreiner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No			Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X IMMEDIATE CAUSE (A) Prematurity - 26 wks. gestation

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9, 1955, to 11-10, 1955 that I last saw the deceased alive on 11-10, 1955, and that death occurred at 10 AM, from the causes and on the date stated above.

SIGNATURE Emma Hughes M. D. ADDRESS Takoma Park Md. DATE SIGNED 11-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	11-11-55	Washington San. and Hospital, Takoma Park, Md.	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 14 1955	John Dodd	Robert A. Hare, M.D.	As above

Permission for disposal of body given in writing by both parents.
VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING Signed: Medical Record Librarian

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11064

11061 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5234 River Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Dist. Col. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4443 MacArthur Boulevard, N. W.

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)	5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Mln.
Arnophus R. SAYLOR	Nov. 9 19 55	Male	White	Single	Mar. 4, 1908	47 yrs.	8 / 5	

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Iceman	Talbert's IceHouse	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles B. Saylor	Susie Saylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS
No	Unknown	Mrs. Mary E. Taylor-Sister-Same Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION	19b. MAJOR FINDING OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-9-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/12/1955	Washington National	Suitland Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/9/55	Bessie M. Thompson	W. W. Chambers	3072 M St. N. W. Wash. DC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11062

11065 CERTIFICATE OF DEATH

Reg. Dist. No. 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Nat. Inst. of Health

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural give location) 304 North Adams St. 26 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Edward (Last) Schultz

4. DATE OF DEATH: (Month) Nov. (Day) 6 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M

8. DATE OF BIRTH: April 18 1908

9. AGE last birthday 47 yrs. IF UNDER 1 YEAR Months 6 Days 18 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheetworker

10B. KIND OF BUSINESS OR INDUSTRY: Metal

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William E Schultz

14. MOTHER'S MAIDEN NAME: Catherine Ingalls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) B No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-01-3523

17. INFORMANT & ADDRESS: Mrs. Mary Schultz - same as pt.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X IMMEDIATE CAUSE (A) Pulmonary Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4-5 min

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Carcinoma of Lung with metastases — 5 months

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary Asp

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 9, 1955 to Nov 6, 1955 that I last saw the deceased alive on Nov 6, 1955, and that death occurred at 6:15 A M, from the causes and on the date stated above.

SIGNATURE Leonard Laster for Donald Luria M. D. ADDRESS Nat Inst Health DATE SIGNED Nov 6 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-9-55 | NAME OF CEMETERY OR CREMATORY Parklawn | LOCATION (City, town, or county) Montgomery (State) Md.

DATE REC'D BY LOCAL REGISTRAR 11/7/55 | REGISTRAR'S SIGNATURE Bernice M Thompson | 24. FUNERAL DIRECTOR Robert A. Dunphrey | ADDRESS Bethesda, Md

Schwatka

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11063

11066 CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Briggs Road R.F.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Silver Spring
STREET ADDRESS (If rural give location) Briggs Road R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Herdman (Last) Schwatka, Sr.

4. DATE OF DEATH: (Month) Nov. (Day) 8, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 11, 1888

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John B. Schwatka

14. MOTHER'S MAIDEN NAME: ---- Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: W.Herdman Schwatka,Jr.,600 Sussex Rd. (4)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary thrombosis — 2d.

ANTECEDENT CAUSE (S):
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Coronary arteriosclerosis — about 15 yrs.
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. , 1954 to 8 Nov , 1955, that I last saw the deceased alive on 7 Nov , 1955, and that death occurred at 4 A.M. from the causes and on the date stated above.

SIGNATURE William D. Lund. M. D. ADDRESS Silver Spring DATE SIGNED 11/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 11,1955 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery | LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/10/55 | REGISTRAR'S SIGNATURE C.N. Hedrick | 24. FUNERAL DIRECTOR Wm. J. Tickner & Sons, Inc. ADDRESS Balto. 17, Md.

11067

11064 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 24

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place) 2 mm.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9320 Gradyork Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Washington 47x-3
STREET ADDRESS (If rural, give location) 1749 Willard st. N.W. ✓

3. NAME OF DECEASED: (First) Mattie (Middle) (Last) Scott
4. DATE OF DEATH (Month) Nov (Day) 30 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Col	Widow	1-30-95	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Maid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: B. J. Fletcher
14. MOTHER'S MAIDEN NAME: Julia Bates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Curtis C. Scott (son) Same as Item 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c) history of hypertension	

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Brockhart M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11-30-55

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify):	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
	12/5/55	Woodlawn	Washington DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-30-55	Frances Potter	Palmer Funeral Home	412-4 St NE Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11065

10966 CERTIFICATE OF DEATH Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3
STREET ADDRESS (If rural give location) 8 Lee Ward GREEN

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Michael (Last) Sherman.

4. DATE OF DEATH: (Month) Nov. (Day) 14, (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced
8. DATE OF BIRTH: Dec 8X. 1874
9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
10B. KIND OF BUSINESS OR INDUSTRY: D.C. Govt, Water Division
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.a

13. FATHER'S NAME: John Sherman
14. MOTHER'S MAIDEN NAME: Honora Leahy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-18-5690-A
17. INFORMANT & ADDRESS: Hosp. Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

191X

IMMEDIATE CAUSE (A) Osteosarcoma, generalized metastases from
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Paget's disease. st. knee.
DUE TO
(C) —

INTERVAL BETWEEN ONSET AND DEATH: 5 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2, 1955, to 11/14, 1955, that I last saw the deceased alive on 11/13, 1955, and that death occurred at 10.45 a.M, from the causes and on the date stated above.

SIGNATURE Philip Kloeminn M.D. M. D.
ADDRESS 5911 16th St. NW Wash D.C.
DATE SIGNED 11-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/17/55
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REGISTRAR Nov. 16 1955
REGISTRAR'S SIGNATURE T. Wilson Dodd
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11066

11068 CERTIFICATE OF DEATH Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Norbeck
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Bradford Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Welfare 16x. 2.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LENA (Middle) (Last) SHERMAN
4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored	Widow	March 25, 1880	75 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hampton, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Marlyn Ross
14. MOTHER'S MAIDEN NAME: Rosa Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Welfare - Prince George, Co.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X
IMMEDIATE CAUSE (A) Anemia, Dentition, Coma Myocardial Dilatation — INTERVAL BETWEEN ONSET AND DEATH: 2 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Gastric Lemorrhage
(C) Carcinoma Gastric

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 9, 1955 to Nov 11, 1955 that I last saw the deceased alive on Nov 11, 1955 and that death occurred at 1:50 P.M., from the causes and on the date stated above.
SIGNATURE Hebert Jewell M.D. M.D. ADDRESS Norbeck DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/19/55
NAME OF CEMETERY OR CREMATORY Sandy Spring
LOCATION (City, town, or county) (State) Sandy Spring Md.

DATE REC'D BY LOCAL REGISTRAR 11-19-55
REGISTRAR'S SIGNATURE Gertrude B Fawler
24. FUNERAL DIRECTOR Robert L. Snowden
ADDRESS Rockville

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

11067

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11069 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda Rural
LENGTH OF STAY (in this place) 1 mo 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Patuxent River 18x-2
STREET ADDRESS (If rural give location) Qtrs R U. S. Naval Air Station ✓

3. NAME OF DECEASED: (Type or Print) (First) Vera (Middle) Diehl (Last) SIMMONS

4. DATE OF DEATH: (Month) November (Day) 28 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 7-12-12
9. AGE last birthday 43 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Kase W. DIEHL
14. MOTHER'S MAIDEN NAME: Etta FEUCHTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -- --
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Husband LCDR Paul J. SIMMONS USN Same as above

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
170X IMMEDIATE CAUSE	(A) Hepatic Failure	4 mths.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Metastatic Carcinomatosis	8 mths
	DUE TO	
	(C) Adenocarcinoma of Breast	18 mos
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Bronchopneumonia + Renal Shutdown.	

19A. DATE OF OPERATION: 2
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2 Oct, 1955 to 28 Nov, 1955 that I last saw the deceased alive on 28 Nov, 1955, and that death occurred at 1:17A M, from the causes and on the date stated above.

SIGNATURE R. D. Wheeler, MC, USN ADDRESS U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 1 Dec 1955
NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery
LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR: 28 Nov 1955
REGISTRAR'S SIGNATURE: Mary E. Farrelly
24. FUNERAL DIRECTOR ADDRESS: R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

11068

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11070

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Spencerville
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) (Last) Simpson

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 22, 1955

5. SEX: female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) widowed

8. DATE OF BIRTH: Oct. 5, 1886

9. AGE last birthday 69 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Heart

14. MOTHER'S MAIDEN NAME: Mary Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Husband Spencerville Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertensive Arteriosclerosis

DUE TO (C) Cardiorenal

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1951, to Nov 22, 1955, that I last saw the deceased alive on Nov 21, 1955, and that death occurred at 2:55 A M, from the causes and on the date stated above.

SIGNATURE Webster Sewell M. D. ADDRESS Norbeck DATE SIGNED Nov 23, 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11/29/55 — NAME OF CEMETERY OR CREMATORY Spencerville Md — LOCATION (City, town, or county) (State) Montgomery Co

DATE REC'D BY LOCAL REGISTRAR 11-29-55 — REGISTRAR'S SIGNATURE Frances Potter — 24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11069

11071 CERTIFICATE OF DEATH Reg. Dist. No. 217

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Olney
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 73 The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gaithersburg X
STREET ADDRESS (If rural give location) R#2

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Rebecca (Last) Sirk

4. DATE OF DEATH: (Month) November (Day) 2 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow
8. DATE OF BIRTH: 7/7/79
9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Delawder
14. MOTHER'S MAIDEN NAME: Catherine Moyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

151X IMMEDIATE CAUSE (A) Adeno-carcinoma of stomach. — Months

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO
(C) abdominal Metastasis — ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Non.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/11, 1955, to 11/14, 1955, that I last saw the deceased alive on 11/2, 1955, and that death occurred at 9:30PM, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Sandy Spring DATE SIGNED 11/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov 5 1955
NAME OF CEMETERY OR CREMATORY Mt Leafnon Cemetery
LOCATION (City, town, or county) Montgomery (State) Co Md

DATE REC'D BY LOCAL REGISTRAR 11-3-55
REGISTRAR'S SIGNATURE Gertrude B Lawder
24. FUNERAL DIRECTOR Reg W Barber ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11072 CERTIFICATE OF DEATH

Reg. Dist. No. 11970

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bethesda
LENGTH OF STAY (in this place) 42 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 The Clinical Center Bethesda, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Va. COUNTY --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Webster Springs 85 x - 3
STREET ADDRESS (If rural give location) ----

3. NAME OF DECEASED: (First) Charles (Middle) Harold (Last) Smalley
4. DATE OF DEATH: (Month) Nov. (Day) 21, (Year) 1955
5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 22, 1908
9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10B. KIND OF BUSINESS OR INDUSTRY: Welder
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Sylvester Smalley
14. MOTHER'S MAIDEN NAME: Myrtle Knight
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 3 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 233-10-8914
17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.1 IMMEDIATE CAUSE (A) Bronchopneumonia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Acute myelogenous leukemia DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none 2
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) none
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10 1955, to Nov. 21, 1955 that I last saw the deceased alive on Nov. 21, 1955, and that death occurred at 3:55 P. M, from the causes and on the date stated above.

SIGNATURE James B. Field M. D. ADDRESS The Clinical Center, NIH, Bethesda, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 11/22/55
NAME OF CEMETERY OR CREMATORY Webster Spring
LOCATION (City, town, or county) (State) West Va.

DATE REC'D BY LOCAL REGISTRAR 11/23/55
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR S. H. Hines Co.
ADDRESS 2901-14th St. N.W. Wash. D.C.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11073

11071
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 7 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4740 Bradley Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montg
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4740 Bradley Blvd. Apt 101

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) Bell (Last) Smith

4. DATE OF DEATH (Month) Nov (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 17-1890

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months 8 Days 0 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Ret. Vet. Adm. Clk

10b. KIND OF BUSINESS OR INDUSTRY: Government

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W. McClure

14. MOTHER'S MAIDEN NAME: Effie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: No

17. INFORMANT & ADDRESS: Mrs. Fred W. Franke 4225 Leland St. Chevy Ch. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Bozzhart M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-17-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 11-22-55

NAME OF CEMETERY OR CREMATORY Arlington Nat.

LOCATION (City, town, or county) (State) Arlington Co. Va.

DATE REC'D BY LOCAL REG. 11/21/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Robert A. Dunphrey ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11072

11074 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH:
COUNTY MONTGOMERY MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVY CHASE
LENGTH OF STAY (in this place) 37 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 35 WEST IRVING ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHEVY CHASE
STREET ADDRESS (If rural give location) 35 WEST IRVING ST.

3. NAME OF DECEASED: (First) John (Middle) William (Last) Smith

4. DATE OF DEATH: (Month) Nov. (Day) 28, (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: NOV. 18, 1879
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LAWYER (RETIRED)
10B. KIND OF BUSINESS OR INDUSTRY: BUREAU OF INTERNAL REVENUE
11. BIRTHPLACE (State or foreign country): THE PLAINS, VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN T. SMITH
14. MOTHER'S MAIDEN NAME: HANNIE A.C. SQUIRES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: William Lee Smith 3710 STEWART DR., CHEVY CHASE MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1953, to Nov 28, 1955, that I last saw the deceased alive on Oct 28, 1955, and that death occurred at 11:15 A M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 8106 Maple Ridge Rd., Bethesda, Md DATE SIGNED 11/28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 11-30-55
NAME OF CEMETERY OR CREMATORY: FT. LINCOLN CEMETERY
LOCATION (City, town, or county) (State): PRINCE GEORGE'S CO. MD.

DATE REC'D BY LOCAL REGISTRAR: 11/28/55
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: A.H. Hines Co.
ADDRESS: Washington 9, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

11073

2411 N. Charles Street, Baltimore

11075 CERTIFICATE OF DEATH

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH · COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Norbeck — LENGTH OF STAY (In this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 Bradford Rest Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edmon
STREET ADDRESS (If rural, give location): X / 1

3. NAME OF DECEASED (Type or Print): (First) Granville (Middle) (Last) SNOWDEN
4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1955
5. SEX: male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH:
9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Sandy Spring, md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Emory Snowden
14. MOTHER'S MAIDEN NAME: Ruth Nona Hill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY No.:
17. INFORMANT: Arthur Hood. Edmon, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a)	Congestive Heart Failure	1-2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerotic Heart Disease	3-4 yrs.
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, to Nov. 1955, that I last saw the deceased alive on 11/19, 1955, and that death occurred at 5 05 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Richard A. Yates	M D	Olney, Md	11/21/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-23-55	Ash memorial	Sandy Spring, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-23-55	Gertrude B Lawler	Robert L. Snowden	Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11074

10967

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 Washington Sanitarium + Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park 17
STREET ADDRESS (If rural give location) 8407 Greenwood Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Mills (Last) Soper

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married | 8. DATE OF BIRTH: 7-6-78 | 9. AGE last birthday 77 yrs. | IF UNDER 1 YEAR Months 4 Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher | 10B. KIND OF BUSINESS OR INDUSTRY: High School Teacher | 11. BIRTHPLACE (State or foreign country): Pennsylvania | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Soper | 14. MOTHER'S MAIDEN NAME: Elizabeth Custin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. — | 17. INFORMANT & ADDRESS: Washington Sanitarium + Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
IMMEDIATE CAUSE (A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 Days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Hypertensive cardiovascular disease — unknown
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 1955, to Nov. 13, 1955, that I last saw the deceased alive on Nov 12, 1955, and that death occurred at 2:55 A M, from the causes and on the date stated above.

SIGNATURE James M. Whitlock M.D. | ADDRESS Takoma Park 12 Md | DATE SIGNED 11-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Nov. 15. 1955 | NAME OF CEMETERY OR CREMATORY George Washington Cemetery | LOCATION (City, town, or county) Prince George Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 13 1955 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR J. Arthur Walters | ADDRESS 254 Carroll St Rockville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11076 **CERTIFICATE OF DEATH** 11075

Reg. Dist. No. 2/6

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural give location) 433 St. Lawrence Drive

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) Celia (Last) Stanbro

4. DATE OF DEATH: (Month) Nov. (Day) 18, (Year) 1955

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: July 22, 1935

9. AGE last birthday 20 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10B. KIND OF BUSINESS OR INDUSTRY: Student

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franklin Stanbro

14. MOTHER'S MAIDEN NAME: Celia Kingmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Not available

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 204.0	(A) Septicemia	days
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B) Gastro intestinal hemorrhage	days
	(C) Acute lymphocytic leukemia	months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Nov. 16, 1955, to Nov. 18, 1955, that I last saw the deceased alive on Nov. 18, 1955, and that death occurred at 7:55A M, from the causes and on the date stated above.

SIGNATURE Herbert A. Fuhs Jr. M. D. ADDRESS The Clinical Center, NIH, Bethesda, Md. DATE SIGNED 11/18

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/21/55 | NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery | LOCATION (City, town, or county) Washington, DC (State)

DATE REC'D BY LOCAL REGISTRAR 11/21/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Warner Co. Pumphrey, Silver Spring ADDRESS

11076

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10968 **CERTIFICATE OF DEATH** Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash San Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wheaton Md.
STREET ADDRESS (If rural give location) 2801 Munson St.

3. NAME OF DECEASED: (Type or Print) (First) Genevieve (Middle) Ann (Last) Stone

4. DATE OF DEATH: (Month) (Day) (Year) 11 - 3 - 1955

5. SEX: Fe
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: 11 - 15 - 13
9. AGE last birthday 41 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): California, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Joseph Rao
14. MOTHER'S MAIDEN NAME: Emma Giardina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. yes
17. INFORMANT & ADDRESS: husband 2801 Monson St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
082X
IMMEDIATE CAUSE (A) Viral Encephalitis - Pathogen undetermined
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH: A 1 day

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Sino-Bronchitis — 5 days

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/6, 1955, to 11/3, 1955 that I last saw the deceased alive on 11/3, 1955, and that death occurred at 10:03 P.M., from the causes and on the date stated above.

SIGNATURE & M. D. Grace Faulds — ADDRESS Wheaton Md. — DATE SIGNED 11/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/7/55	Parklawn Cemetery	Montgomery County, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-6-55 — REGISTRAR'S SIGNATURE F. Wilma Dodd

24. FUNERAL DIRECTOR Warner & Pumphrey — ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11077

11077 CERTIFICATE OF DEATH Reg. Dist. No. 216

1. PLACE OF DEATH: Clinical Center, N.I.H.
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Clinical Center NIH

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47x-3
STREET ADDRESS (If rural, give location) 505 18th St. N.W.

3. NAME OF DECEASED: (Type or Print) (First) Luther (Middle) (Last) Stover
4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	Feb 19, 1890	65 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Gov't
10B. KIND OF BUSINESS OR INDUSTRY: Bur. of Indian Affairs
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert Stover
14. MOTHER'S MAIDEN NAME: Ella Carrington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT & ADDRESS: medical record

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
153X IMMEDIATE CAUSE	(A) Pulmonary Metastasis from Colon	?
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B)	
	(C) Metastatic Carcinoma of Colon	25 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	none	

19A. DATE OF OPERATION: 11/8/54 - Resection of Abdominal wall - 3 Malignancy
2/10/55 - Thoracotomy
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1955, to Nov. 13, 1955, that I last saw the deceased alive on 12th Nov 13, 1955, and that death occurred at 1:00 A. M, from the causes and on the date stated above.
SIGNATURE William Homer M. D. ADDRESS Bethesda Md. DATE SIGNED Nov. 13/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
CREMATION	14 NOV 1955	FT LINCOLN CREMATORY	PR. GEO. CO. MD.

DATE REC'D BY LOCAL REGISTRAR 11/14/55 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Leigh Hines Co 2901 ADDRESS 14th St N.W. WASHINGTON D.C.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

11078

MARYLAND STATE DEPARTMENT OF HEALTH

11078 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 21C

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
LENGTH OF STAY (In this place): 2.0 A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ON B. & O. TRAIN #7 en route Jersey City, N.J. to Chicago, Ill.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: NEW JERSEY — COUNTY: HUDSON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: JERSEY CITY
67x-3
STREET ADDRESS (If rural, give location): 122 STEVENS DRIVE

3. NAME OF DECEASED (Type or Print): (First) MARIE (Middle) KAREN (Last) TALLAKSEN

4. DATE OF DEATH: (Month) NOVEMBER (Day) 28 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: DEC. 27, 1872

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): NORWAY

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ANDRE' POST

14. MOTHER'S MAIDEN NAME: KAREN UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MRS. WALTON C. VAN NATTA, 122 Stevens Ave., Jersey City, N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

527.2

Immediate cause (a) Acute Congestive Cardiac Failure — few minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Post acute Respiratory Infection — few days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Frank J. Broccard M.D. Gaithersburg Md 11-29-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 1, 1955 — NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery — LOCATION (City, town, or county) (State): Borough of Richmond, Staten Island, N.Y.

DATE REC'D BY LOCAL REG. 11-29-55 — REGISTRAR'S SIGNATURE: Frances Cotter

24. FUNERAL DIRECTOR — ADDRESS: Warner E. Pumphrey — Silver Spring, Md.

Item 18 Film G189 11-28-55 ams

11079

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11079

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: 8531 11th Ave
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring, Md
LENGTH OF STAY (in this place) 16 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8531 11th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: 8531 11th Ave
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring, Md.
STREET ADDRESS (If rural give location) 8531 11th Ave.

3. NAME OF DECEASED: (Type or Print) (First) Carol (Middle) Elise (Last) Tengood

4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: July 15, 1954

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Bernard Tengood

14. MOTHER'S MAIDEN NAME: Dorothy Silver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Father 8531. 11th Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

921.9

IMMEDIATE CAUSE (A) Asphyxia

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Aspiration of food

(C) Congenital Heart Disease 16 months

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Interventricular septal defect 16 mos.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (15) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1954 to Nov. 12, 1955, that I last saw the deceased alive on Oct 8, 1955, and that death occurred at 3 P M, from the causes and on the date stated above.

SIGNATURE Stanley L. Wolf M.D. ADDRESS 2322 Blue Ridge Ave, Wheaton, Md DATE SIGNED 11-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11/14/55 | NAME OF CEMETERY OR CREMATORY Mt Lebanon | LOCATION (City, town, or county) (State) Riggs Rd P.G. Md

DATE REC'D BY LOCAL REGISTRAR 11-15-55 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR B. Dangansky & Son ADDRESS 3501-14th St NE

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

11080

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11080 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabin John
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7941 MacArthur Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Cabin John
STREET ADDRESS (If rural, give location) 7941 MacArthur Blvd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
David	Samuel	Tuohey	Nov.	7	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	11-29-1882	72 yrs.	11	8		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Restra. Owner	Restaurant	Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Dennis Tuohey	Loretta Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	217-34-2484A	Son -Kenneth Tuohey Cabin John, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (420.1)	(a) Coronary occlusion	sudden
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	hypertension	several yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Frank J. Broschart M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11-7-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-11-55	St. Mary's Cem.	Rockville Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/9/55	Bessie M. Thompson	Robert A. Humphrey	Bethesda, Md.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 , 11081

11081 CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Falls Church 83X-3
STREET ADDRESS (If rural give location) 209 Valley Brook Drive ✓

3. NAME OF DECEASED: (Type or Print) (First) Hugh (Middle) Weber (Last) TURNEY

4. DATE OF DEATH: (Month) November (Day) 3 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-13-99

9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mariner

10B. KIND OF BUSINESS OR INDUSTRY: Mariner Retired

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Merrill TURNEY

14. MOTHER'S MAIDEN NAME: Katherine LITTLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes KOREA (If Yes, give war or dates of service) WW I &WWII

16. SOCIAL SECURITY NO. 577-48-5951

17. INFORMANT & ADDRESS: Wife Mrs. Marjorie H. TURNEY Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X IMMEDIATE CAUSE (A) Carcinomatosis, metastatic DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) Bronchogenic carcinoma DUE TO — 3 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES XX NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Oct, 19 55 to 3 Nov, 19 55 that I last saw the deceased alive on 3 Nov, 19 55, and that death occurred at 2:30A M, from the causes and on the date stated above.

SIGNATURE O. L. Canaga ADDRESS B. L. CANAGA CAPT, MC, USN U. S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 11-7-55 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 3 Nov 1955 — REGISTRAR'S SIGNATURE Mary E. Farrelly

24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home 7557 Wisconsin Avenue, Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11082

11082 CERTIFICATE OF DEATH Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C. 47X-3
STREET ADDRESS (If rural give location) 1314 28th Street, N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) Bostwick (Last) UPHAM

4. DATE OF DEATH: (Month) November (Day) 22 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: 5-10-73
9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Frank BOSTWICK
14. MOTHER'S MAIDEN NAME: Elvira GREGG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) — —
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Uncle ADM Robert B. CARNEY USN RI Same as above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

904.0
IMMEDIATE CAUSE (A) Pulmonary Embolus — minutes
DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Fracture, neck of rt. femur — days
DUE TO
(C) R.H.D. & mitral Stenosis — yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Sen. Arteriosclerosis — yrs

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION: 11-16-55
19B. MAJOR FINDINGS OF OPERATION Fracture of neck of rt. femur
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None
21C. WHERE DID INJURY OCCUR? (City or town) Washington, (County) D.C. (State) 88
21D. TIME OF INJURY (Month) 11 (Day) 13 (Year) 55 (Hour) 6:00 P.M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☒
21F. HOW DID INJURY OCCUR? Pt. lost balance & fell to floor

22. I hereby certify that I attended the deceased from 13 Nov, 19 55 to 22 Nov, 19 55 that I last saw the deceased alive on 22 Nov, 1955, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

SIGNATURE A.J. CAPPELLETTI, LT MC USNR — ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Md. — DATE SIGNED 22 Nov 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation — DATE THEREOF 23 Nov 1955 — NAME OF CEMETERY OR CREMATORY Cedar Hill Crematorium — LOCATION (City, town, or county) (State) Prince George Co, Maryland

DATE REC'D BY LOCAL REGISTRAR 22 Nov 1955 — REGISTRAR'S SIGNATURE Mary E. Casselly

24. FUNERAL DIRECTOR — ADDRESS Gawlers Funeral Home 1756 Penn. Avenue, N.W. Washington, D.C.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

20X5271405

11083

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11083

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 SILVER SPRING
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 75 WASHINGTON SAN. & HOSPITAL TAKOMA PK. MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY MONTGOMERY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SILVER SPRING, MD. 56
STREET ADDRESS (If rural give location) 1 #938 ANDREW CT. S.S. MD

3. NAME OF DECEASED: (Type or Print) (First) GLENN (Middle) RICHARD (Last) WALKER

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 11/10/55

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 6 IF UNDER 24 HRS. Hours 12 Min. 11

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: DONALD H. WALKER

14. MOTHER'S MAIDEN NAME: FRANCES GOLDSTRAW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 0

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MOTHERS RECORD

18. MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

756.2

IMMEDIATE CAUSE (A) Prematurity - Examphalus

ANTECEDENT CAUSE (S) DUE TO (B) atresia of bowel

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Intestinal obstruction

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 11/15/55 3

19B. MAJOR FINDINGS OF OPERATION atresia of bowel

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ...., 19...., to 11/16, 1955, that I last saw the deceased alive on 11/16, 1955, and that death occurred at 2nd P M, from the causes and on the date stated above.

SIGNATURE B A Diamond M. D. ADDRESS 8224 Ga Ave Silver Spg Md DATE SIGNED 11/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Nov 17, 1955

NAME OF CEMETERY OR CREMATORY Parklawn Cemetery

LOCATION (City, town, or county) (State) Rockville Montgomery Co. Md.

DATE REC'D BY LOCAL REGISTRAR Nov 17-1955

REGISTRAR'S SIGNATURE J. Arthur Dodd

24. FUNERAL DIRECTOR [signature]

ADDRESS 254 Carroll St. NW Takoma Park D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11084

11084 CERTIFICATE OF DEATH Reg. Dist. No. 216

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6923 Clarendon Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural give location) 6923 Clarendon Road

3. NAME OF DECEASED: (First) Margaret (Middle) Kent (Last) Ward

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Mar. 23, 1895

9. AGE last birthday 60 yrs. IF UNDER 1 YEAR Months 7 Days 22 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nelson Kent

14. MOTHER'S MAIDEN NAME: Nanny Stansberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Husband- Horace Ward 6923 Clarendon Rd. Beth. Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

203 X
IMMEDIATE CAUSE (A) Multiple myeloma — INTERVAL BETWEEN ONSET AND DEATH: 1 year (?

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-10-, 1955, to 11-15-, 1955, that I last saw the deceased alive on 11-15, 1955, and that death occurred at 9:00 P.M., from the causes and on the date stated above.

SIGNATURE Paula E. Mahler M. D. ADDRESS 5311 Roosevelt St DATE SIGNED 11-15-1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 11-18-1955 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln | LOCATION (City, town, or county) (State) Prince Georges Md

DATE REC'D BY LOCAL REGISTRAR 11/18/55 | REGISTRAR'S SIGNATURE Bessie M. Thompson | 24. FUNERAL DIRECTOR Robert Pumphrey | ADDRESS Bethesda, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11085

11085 **CERTIFICATE OF DEATH** Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 51 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington 47X-3
STREET ADDRESS (If rural give location) 2201 Massachusetts Ave., N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First) Thurston (Middle) Francis (Last) WATERMAN
4. DATE OF DEATH: (Month) November (Day) 10 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cauc.	Single	4-21-10	45 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
State Dept.	Government	New York	U.S.

13. FATHER'S NAME: George WATERMAN
14. MOTHER'S MAIDEN NAME: Antionette WALDBILLIG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
YES	WW II		Mildred GUFFIN (Cousin) 401 Western Ave., Albany, New York

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
154X IMMEDIATE CAUSE	(A) Uremia, acute	2 wks.
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Peritonitis, acute, gen'l. DUE TO	1 wk.
	(C) Operation for removal of bladder & rectum	2½ wks.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10-24-55	Carcinoma of rectum, invading bladder	YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Oct., 1955, to 10 Nov., 1955, that I last saw the deceased alive on 10 Nov 1955, and that death occurred at 9:25 PM, from the causes and on the date stated above.

SIGNATURE	ADDRESS	DATE SIGNED
M.L.GERBER, CAPT., MC, USN	U.S. Naval Hospital, NNMC, Bethesda, Maryland	11-10-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	15 Nov 55	Arlington National	Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-10-55	Mary E. Farrelly	J.GAWLER's & Sons	1756 Penn.Ave.N.W. Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11086

11086 CERTIFICATE OF DEATH

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1602 GRIDLEY LANE

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
STREET ADDRESS (If rural, give location): 1602 GRIDLEY LANE

3. NAME OF DECEASED (Type or Print): (First) ARTIS (Middle) HAMILTON (Last) WATERS

4. DATE OF DEATH: (Month) NOVEMBER (Day) 6 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: MARCH 17, 1891

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PLUMBING INSPECTOR FOR DISTRICT OF COLUMBIA

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASHINGTON, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOSEPH A. WATERS

14. MOTHER'S MAIDEN NAME: CATHERINE E. CHAMBERLAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW #1

16. SOCIAL SECURITY NO.: 579-03-7472

17. INFORMANT AND ADDRESS: ARTIS H. WATERS, JR., 9200 WIRE AVE., SILVER (SPRING.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X Immediate cause (a) Cachexia — Interval between onset and death: 1 day.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cancer of lung rt.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 7, 1955 to Nov-6, 1955, that I last saw the deceased alive on Nov-6, 1955 and that death occurred at 7:00 p.m., from the causes and on the date stated above.

SIGNATURE: W Hunt Lyddane — (Degree or title): M D — ADDRESS: 3006 Conn. Ave. Wash DC. — DATE SIGNED: 11/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 11/9/55 — NAME OF CEMETERY OR CREMATORY: ARLINGTON NATIONAL CEMETERY — LOCATION (City, town, or county) (State): ARLINGTON COUNTY, VA.

DATE REC'D BY LOCAL REG.: 11-8-55 — REGISTRAR'S SIGNATURE: Frances Fuller

24. FUNERAL DIRECTOR: Warner E. Pumphrey — ADDRESS: SILVER SPRING, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11087

11087 CERTIFICATE OF DEATH Reg. Dist. No. 214

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12,908 Blue Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Philadelphia, 75 x 3
STREET ADDRESS (If rural give location) 7640 Brockton Road

3. NAME OF DECEASED: (First) ESTHER (Middle) ALICE (Last) WEINSTEIN
4. DATE OF DEATH: (Month) Nov. (Day) 30 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: July 29, 1919
9. AGE last birthday 36 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School teacher
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Joseph Wolf
14. MOTHER'S MAIDEN NAME: Lucy Berkow
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. yes
17. INFORMANT & ADDRESS: Mrs. Tessie Weinstein, 12,908 Blue Hill Rd. Silver Spring, Maryland

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE 170X	(A) Anemia	2 wks.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Metastatic carcinoma of kidneys.	6 mo.
	DUE TO (C) Carcinoma of the breast.	4 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Emphysema and metastatic carcinoma		2 yrs

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-23, 1955, to 11-30, 1955, that I last saw the deceased alive on 11-29, 1955, and that death occurred at 4:30 A M, from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS 1914 Linneys Rd. Silver Trinity Park DATE SIGNED 11-30-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Trans. & Burial
DATE THEREOF 12/4/55
NAME OF CEMETERY OR CREMATORY Mt. Sharon Cemetery
LOCATION (City, town, or county) (State) Springfield, Pa.

DATE REC'D BY LOCAL REGISTRAR Dec 1, 1955
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner E. Pumphrey
ADDRESS 8434 Ga. Ave. Silver Spring, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11088

11088

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 413 Penwood Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Spring
STREET ADDRESS (If rural give location) 413 Penwood Road

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) DOMINIC (Last) WEST

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 7/20/93

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor

10B. KIND OF BUSINESS OR INDUSTRY: S. Kann Sons Co.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jonas West

14. MOTHER'S MAIDEN NAME: Katherine Osborne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) WW #1

16. SOCIAL SECURITY NO. 577-07-5097

17. INFORMANT & ADDRESS: Mrs. Pearl A. West, 413 Penwood Rd. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4343 IMMEDIATE CAUSE	(A) Congestive heart failure	6 mo.
ANTECEDENT CAUSE (S)	DUE TO (B) Chr. pulmonary heart disease	2 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (C) Severe pulmonary emphysema	—

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Terminal bronchopneumonia — 1 wk.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 27, 1955, to Nov. 18, 1955, that I last saw the deceased alive on Nov. 17, 1955, and that death occurred at 4 P. M. from the causes and on the date stated above.

SIGNATURE Thomas J. Kelly M. D. ADDRESS 4001 S. Dakota Ave N.E DATE SIGNED 11/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11/21/55

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REGISTRAR 11-22-55

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

11089

2411 N. Charles Street, Baltimore

11089 CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH
COUNTY Montgomer — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg Md — LENGTH OF STAY (in this place) 6 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY		WHETZEL	Nov	1	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	June 25 1861	94 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Country	Home	West Va	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sam Rattle	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		Mrs Sam Gaithersburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a) Cerebro-vascular accident	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	
	(c)	

422.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10/17, 1955, to 11/1, 1955, that I last saw the deceased alive on 10/31, 1955, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Stephen C. Cromwell	M.D.	Rockville, Md	11/2/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov 3 1955	St Rukes Rockville Md	Montgomery Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 2-55	Arnold L Cook	Ray W Barber	Gaithersburg Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11090

10969 CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 17 Takoma Pk, Md
LENGTH OF STAY (in this place) 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 7115 Carroll Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7115 Carroll Ave 17
STREET ADDRESS (If rural give location) Takoma Pk Md.

3. NAME OF DECEASED: (Type or Print) (First) Harold (Middle) George (Last) Whitman

4. DATE OF DEATH: (Month) 11 (Day) 16 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 8-19-93

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles J. Whitman

14. MOTHER'S MAIDEN NAME: Maude Felts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Pt's record Wash San & Hosp.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X IMMEDIATE CAUSE (A) Congestive Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Metastatic Carcinoma of Liver & Pancreas — 8 months

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 13/11/55

19B. MAJOR FINDINGS OF OPERATION Inoperable Carcinoma of Sigmoid

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1955, to Nov 16, 1955, that I last saw the deceased alive on 11/15/55, 19..., and that death occurred at 10:30 A M, from the causes and on the date stated above.

SIGNATURE Robert A Stone M. D. ADDRESS Takoma Park Md DATE SIGNED 11/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Nov. 20 1955 — NAME OF CEMETERY OR CREMATORY George Washington Cemetery — LOCATION (City, town, or county) Prince Georges Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 16-1955 — REGISTRAR'S SIGNATURE J. Milton Redd

24. FUNERAL DIRECTOR J. Archer Walters ADDRESS 254 Carroll St NW DC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11091

11090

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda
LENGTH OF STAY (in this place) 38 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Clinical Center Bethesda, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY District of Columbia
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 5318 Chillum Place, N. E.

3. NAME OF DECEASED: (First) Charles (Middle) Greten (Last) Wimmer

4. DATE OF DEATH: (Month) Nov. (Day) 24, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: April 25, 1903

9. AGE last birthday 52 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant work

10B. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John L. Wimmer

14. MOTHER'S MAIDEN NAME: Margaret Palmer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 579-01-0217

17. INFORMANT & ADDRESS: The Medical Record, The Clinical Center

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

145X

IMMEDIATE CAUSE (A) Aspiration Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinoma of Rt. Oropharynx

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17, 1955, to Nov. 24, 1955, that I last saw the deceased alive on Nov. 24, 1955, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE Richard R. Paton M.D. ADDRESS The Clinical Center, NIH, Bethesda, Md. DATE SIGNED 11-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11-26-55

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Roanoke Virginia

DATE REC'D BY LOCAL REGISTRAR 11/28/55

REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR Thornton W Hysong & ADDRESS 1300 N St NW Wash DC

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11092

11091 CERTIFICATE OF DEATH

Reg. Dist. No. 215

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Bethesda Rural
LENGTH OF STAY (in this place) 1 Mo. 28 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE ~~District of Columbia~~ COUNTY Montg. Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Washington~~
STREET ADDRESS (If rural give location) 5400 Windsor Court

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Neil (Last) WINGARD

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-5-1919

9. AGE last birthday: 36 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Special Agent

10B. KIND OF BUSINESS OR INDUSTRY: F.B.I.

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert H. WINGARD

14. MOTHER'S MAIDEN NAME: Mary Ann RATH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II USN

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Wife: Muriel WINGARD 5400 Windsor Court, Washington, D.C.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201X

IMMEDIATE CAUSE (A) Hodgkins Disease

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH: 1 year

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Sep, 1955, to 23 Nov, 1955, that I last saw the deceased alive on 23 Nov, 1955, and that death occurred at 10:12P M, from the causes and on the date stated above.

SIGNATURE J.R. DAVIS, CDR MC USNR ADDRESS U.S. Naval Hospital, NNMC, Bethesda, Maryland DATE SIGNED 11-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 11-26-55

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) (State) 4000 Suitland Rd. Suitland, Maryland

DATE REC'D BY LOCAL REGISTRAR 11-23-55

REGISTRAR'S SIGNATURE Mary E. Connelly

24. FUNERAL DIRECTOR ADDRESS LEE Funeral Home, 4th & Mass.Ave.Wash.D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11093

10970 CERTIFICATE OF DEATH

Reg. Dist. No. 223

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
17 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 2 days.
75 HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington DC. 47x-3
STREET ADDRESS (If rural give location) 2804 14th Street N.W.

3. NAME OF DECEASED: (Type or Print) (First) Jean (Middle) Reginald (Last) Wold
4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Oct. 6 1893
9. AGE last birthday 62 yrs.
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10B. KIND OF BUSINESS OR INDUSTRY: G.P.O.
11. BIRTHPLACE (State or foreign country): South Dakota
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Ivor Peterson Wold
14. MOTHER'S MAIDEN NAME: Gurine Olson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Chart

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A)	Hydrothorax & Compression atelectasis	Terminal
ANTECEDENT CAUSE (S) DUE TO (B)	Pericarditis	Terminal
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)	Congestive Failure & Uremic State	? 3 mos.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Hypertension & Arteriosclerosis	? Years

447x

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/23, 1955, to 11/25, 1955, that I last saw the deceased alive on 11/25, 1955, and that death occurred at 12:18 P.M., from the causes and on the date stated above.

SIGNATURE Robert A. Hare, M.D. ADDRESS Takoma Park, Md. DATE SIGNED 11/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF 11-27-55
NAME OF CEMETERY OR CREMATORY Ft Lincoln Crematory
LOCATION (City, town, or county) (State) Prince Georges Co. Md.

DATE REC'D BY LOCAL REGISTRAR Nov 25 1955
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS The S.H. Hines & 2901-14th St. N.W. D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11094 3

10971 CERTIFICATE OF DEATH Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Takoma Park
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Union Bridge
STREET ADDRESS (If rural give location) RFD #1

3. NAME OF DECEASED: (Type or Print) (First) Leona (Middle) Estella (Last) Wright
4. DATE OF DEATH: (Month) Nov (Day) 14 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	married	Aug 30 1903	52 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Andrew Holland
14. MOTHER'S MAIDEN NAME: Mary Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Hersey H Hynson 12415 Feldon Street Silver Spring, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

340.3
IMMEDIATE CAUSE (A) Purulent meningitis, left parietal cortex — INTERVAL BETWEEN ONSET AND DEATH: several days
DUE TO
ANTECEDENT CAUSE (S) (B) and Abscess, rt. cerebellar cortex — " "
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 26, 1955, to Nov. 14, 1955, that I last saw the deceased alive on Nov. 14, 1955, and that death occurred at 8:45 P.M., from the causes and on the date stated above.
SIGNATURE M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Nov 17 1955
NAME OF CEMETERY OR CREMATORY Bachman Valley
LOCATION (City, town, or county) (State) Carroll Co. Md

DATE REC'D BY LOCAL REGISTRAR 11-15-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS H Bankard Inc Westminster Md

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING